212

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

35

| COUNTY BALTIMORE MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY | t 10. |
|--|--|---|
| OR give nearest town) OR Give nearest town) OR Give nearest town) OR Give nearest town) | OR OR IVIT I TO I A PU | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS YORK RD. | STREET (If rural, give location) | 12 x = 2 |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) | A DATE (Month) OF DEATH SAN | (Day) (Year) 20 1956 |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE lest birthday If under Months yrs. | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry | | COUNTRY! |
| JOHN HEURY ADAMS | 14. MOTHER'S MAIDEN NAME, | |
| 16. WAS DECRASED EVEN IN U.S. ARMED FORCEN? 16. SOCIAL SECURITY No. (Yes. no. or unknown) (II yes. give war or dates of 2/4-3434726 | 17. INFORMANT AND ADDRESS 201 FE Nota Raday | 715 |
| 18. MEDICAL CE | RTIFICATION | 1 |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) MYOCARDI | AL INFARCTION | I MIN. |
| Immediate cause (a) | the manner of the second of th | Are re obisele de la manage a ma |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last | EROTIC CARDIOVASCULAR DISENSE | 3 YRS. |
| (e) | 010/11/0 | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSYT |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Diffice bidg., etc.) CAUSE OF DEATH. | (CITY OR TOWN) (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work | HOW DID INJURY OCCUR? | |
| 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident, suicide, homicide, SIGNATURE (Degree or title) | ased died on the dry stated above, and death in my | from the evidence opinion resulted DATE SIGNED |
| William a. Presburg M.D. | Temonica | 1/20/50 |
| Burla (Specify) Jan 23-86 Bether | RY OR CREMATORY LOCATION (City, town, or count | d'mid |
| REG. 1-12-56 Why Houseld 5 Maubles | 242-EUNERAL DIRECTOR RICH Serve | MOCKESS (Mechaella |
| The state of the s | 1 | |

UNFADING INK. Supply every item of information carefully. It. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH C FLEASE WRITE

The correct

BUREAU V. S.

9561 48 MYT

BEGEIAED

213

2411 N. Charles Street, Baltimore

00197

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

| I. PLACE OF DEATH- | | 2. USUAL RESIDENCE (| HOME) OF DEC | EASED. | 7. | |
|--|--|-----------------------------|---------------------|-------------------------------|-------------------|----------------|
| Baltlmore | MARYLAND | Maryla | | COHNTY | to. | |
| CITY (If outside corporate limits, write RURAL an OR give nearest town) TOWN He DOVILLE | d LENGTH OF STAY | 101114 | ebbville | | e nearest town | X |
| HOSPITAL OR INSTITUTION OR ROLLING ROAD | & Clays In. | STREET ADDRESS Rollin | (If rural, and Road | eive location) & Clays | Ln. | 1 |
| 3. NAME OF (First) DECEASED (Type or Print) Annie E. Ahrin | (Middle) | (Last) | 4. DATE | (Month) Jan. 9. | (Day) (1956 | (Year) |
| 5. SEX 6. COLOR OR RACE 7. S | NGLE, MARRIED, DOWED, DIVORCED, Specify) | 8. DATE OF BIRTH 3/20/ 1882 | 9. AGE last birt | hday If under | | r 24 hrs |
| 10a. USUAL OCCUPATION (Give kind of work) 10b. | KIND OF BUSINESS OR USTRY HOME | II. BIRTHPLACE (State | | 1 10 | CITIZEN OF | WHAT |
| 13. FATHER'S NAME | · · · · · · · · · · · · · · · · · · · | 14. MOTHER'S MAIDER | NAME | | | |
| William E. Ahring | | Mollie | R. ? | | | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, orner known) (11 yes, give was or dates of service) | NO NO | James Klaus | | Balto, | 7, Md. | |
| | 18. MEDICAL CE | RTIFICATION | | | 1 | |
| I. DISEASES OR CONDITIONS DIRECTLY LEAD | DING TO DEATH | | | | INTERVAL BE | |
| 120.1 | -7/ | Padin | | | 2 | - |
| Immediate cause (a) | way carn | | | 1-4+17000000117220-200-700001 | July | |
| Antecedent cause(s) Diseases or conditions, if any, (b) | ederkrown Co | losis Idio Veseules | Canal De | ibre | 10 Km | 20 |
| giving rise to the above cause stating the underlying cause last | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDI | NGS OF OPERATION | | | | 20. AUTOPS | SYI |
| | | | | | Yes 🗆 | No [] |
| 21. ACCIDENT (Specify) PLACE (H SUICIDE OF office HOMICIDE INJURY | ome, farm, factory, street, ee hldg., etc.) | (CITY OR | TOWN) | (COUNTY) | (STATE | Name of Street |
| | | HOW DID INJURY OC | CURT | | *** * | |
| | 0 | 1 12 0 | 0 11 | | | |
| 22. I hereby certify that I attended the dec | eased from. | , 19 to to | 197, | that I last as | aw the dece | ased |
| alive on 1956, and the | at death occurred at | 2501 P.m., from the | e causes and or | the date etc | ated shove | |
| SIGNATURE | (Degree or title) | ADDRESS | A. A | A COLO GROUP STE | DATE SIG | NED |
| Edura follerant, M.D. | | recy perusy | (10) 100 P | 57,114 | 1110156 | |
| 23. BURIAL CREMATION VOATE THEREOF REMOVAL Specify) Jan. 13.56 | Western | | | more Md | | ita) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGN | ATURE | John T. Stan | | ll Wind | ADDRESS SOT Mi | 11 |
| | | | | Balloo. | 7 Md. | |

The correct age

BUREAU V. S.

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executed within 24 hours after death,

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the fluid popy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

214

CERTIFICATE OF DEATH

00198

| 4 | Ttem 9. FilmGl92 2-6-56 et | | | Reg. | Dist. No. |
|--------|--|-----------------------------------|----------------------------------|--------------------------------|----------------------------------|
| | 1. PLACE OF DEATH | | 2. USUAL RESIDENCE | E (HOME) OF DECE | ASED |
| | county Balto. | MARYLAND | STATE JOG. | COUNTY | Belto. |
| | CITY (If outside corporate limits, write RURAL OR end give nearest town) | LENGTH OF STAY | CITY (If outside corpore | te limits, write RURAL and giv | |
| | 52 TOWN Catonsville | (is this prece) | TOWN CATO | nsville | 52 |
| 1 | HOSPITAL OR | | STREET | (If rurel give loca | etion) |
| | INSTITUTION OR STREET ADDRESS 128 Rosewood Ave | е. | ADDRESS 128 | Rosewood Ar | ve. |
| | 3. NAME OF (First) (Mi | iddle) | (i.est) | 4. DATE (Month) | (Dey) (Yeer) |
| | (Type or Print) Anna McG | raw And | derson | OF DEATH Jar | 1. 1 10 56 |
| - 1 | S. SEX 6. COLOR OR 7. SINGLE, MARRIED, | , I 8. DATE O | | UGL | UNDER 1 YEAR IF UNDER 24 HRS. |
| - | F RACE WIDOWED, DIVO | RCED, | h 16,1383 7 | Mor | nths Deys Hours Min. |
| 1 | | OF BUSINESS | 11. BIRTHPLACE (State or foreign | 2 / yn. | 12. CITIZEN OF WHAT |
| | done during most of working life, even if OR IN | NDUSTRY | | | COUNTRY? |
| 1 | 13. FATHER'S NAME | dome I | Vir :1mi | | |
| П | John . Mc Grew | | _ | | |
| | | SOCIAL SECURITY NO. | Jane = | | |
| A | (Yes, no, or unk.) (If Yes, give wer or detes of service) | SOCIAL SECORITI NO. | | | |
| 9 | | 18. MEDICAL CE | | s McGrow 13 | |
| | DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | Corondry | Throm bo | sis | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | Hyperta | sive (ardi | o Vascular | |
| | STATING UNDERLYING CAUSE LAST, DUE TO | 1001520 | 152 | | |
| | TE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 0 | 196. DATE OF OPERATION 196. MAJOR FINDINGS OF | OPERATION | | | 20. AUTOPSY? YES NO D |
| | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER) | form, fectory, ce bldg., etc.) | 21c. WHERE DID INJURY OCCUR? | (City or town) | (County) (State) |
| | 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. IN While M. et work. | NJURY OCCURRED Not while of work | 21f. HOW DID INJURY OCCUR? | 111 | |
| | 22. I hereby certify that I attended the decease | ed from 193 | 5 7, 19 10 1/ | 11560 1 | hat I last saw the deceased |
| woi c | . 11.15 | hat death occurred a | My from the car | | stated above. |
| 135 15 | 23. BURAL, CREMATION DATE THEREOF REMOVAL (SPECIFY) Delive 1-4-56 | NAME OF CEMETERY OR | 0 | LOCATION (City, lown, or & | county) (Signa) |
| 5 | 24. REC'D BY REGISTRAR OF REGISTRAR'S SIGNATURE | 107.1616 | 25. FUNERAL DIRECTOR'S SI | CONATORS SEASON | 7 1000000 |
| | DATE AN 101956 | ereus a | 1 1 1 | or Home, C | torrill Med. |

ST JESO ALTER I - NYTH IN NO YERWYER WIS STATE SHIPLY SAN

CERTIFICATE OF DEATH

BUREAU V. S.

SECT II NAL



this

the registrar within 7.2 Nours after death. After in by the funeral director, the third capy of

24 hours after death. cermicate be executed within

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

KIAN OR HOSPITAL The law requires that the death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

215

CERTIFICATE OF DEATH

00199

38

Reg. Dist. No.....

| 五章 | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
|--|---|--|---|
| the the | COUNTY BATTIMORE MARYLAND | STATE Md. COUNTY Ba) To | 2 |
| ctor, | CITY (if outside corporate timits, write RURAL LENGTH OF STAY | CITY (if outside corporate limits, write RURAL and give necrest lown | 1) |
| director, | OR end give nearest town) (in this place) | OR TOWN | 55 |
| m.º | HOSPITAL OR | 10 W 30 h | - C |
| | INSTITUTION OR | STREET (If sural giva location) ADDRESS | / |
| within | 90 STREET ADDRESS Stella Maris Hospice | Pot Spring Rd- | |
| fr wi | 3. NAME OF (First) (Middle) / | (Lest) /4. DATE (Month) (Dey) | (Year) |
| strar the | (Type or Print) Flizzbeth Mandalehe | Ahapune DEATH /- /- | 1956 |
| 1 dia . | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED 8. DATE O | F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| he mg in by | F RACE WIDOWED, DIVORCED, (Specify) W Feth | 27 1883 72 yrs. Months Days | Hours Min. |
| the . | | 11. BIRTHPLACE (State or foreign country) 12. CITIZI | EN OF WHAT |
| Hilled I | done during most of working life, even if retired) OR INDUSTRY | 41 | NTRY? |
| P 5 | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | hand a |
| complitely filled with complittely filled ial transit permit. | -T 1. S/100 | (A) D. () | |
| rtificate be fill and complitte burial transit | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | Clara Lochlei | ~ |
| S E T | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (N Yes, give war or deles of service) | 17. INFORMANT & ADDRESS | |
| ia de la | NO - | HOSPICE RELORDS | |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ERVAL BETWEEN |
| as ciar | 44 X IMMEDIATE CAUSE (A) State Is | elmonon Edera 27 | 2 Hans |
| B de us≡ | ANTECEDENT CAUSE(S) DUE TO | 0/ 1. | |
| o pl | DISEASES OR CONDITIONS, IF ANY, (8) | - Carder | |
| | GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | 01/ 0 | |
| 出版品 | 10 // /ker | me Vaccula Decen | loya" |
| equires that a attending detached fo | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| - U | DISEASE OR CONDITION CAUSING DEATH. | | |
| * req | 198, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION | 2 | D. AUTOPSY? |
| 6 5 aw | | YES | S NO |
| FUNERAL DIRECTOR: The law certificate has been executed by death certificate assembly should NISC 1-45 10M | 21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER) | Tic. WHERE DID INJURY OCCUR? (City or fown) (County) | (Stele) |
| 記ると | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED | 216. HOW DID INJURY OCCUR? | |
| C를밑 | M. et work at work | | |
| 2 = E | | 1 1 55 ST 1 10 Ch | |
| BEC been asse | 22. I hereby certify that I attended the deceased from Manager | | |
| CI SS TEL | | .S. M. from the causes and on the date stated above | /e. |
| A STATE NO | SIGNATURE | ADDRESS (Street, city, town, state) | DATE SISNED |
| F 6 9 5 | thallo Trouvell M.O. |) TOI Mach Kd- 1 encounted | 21/1/56 |
| FUNER entificate eath ce 5C 1-45 | | CREMATORY LOCATION (City, town, or county) | (State) |
| FUNERAL Destriction of the service o | BUNIA (SPECIFY) 1/3/56 MT. Olivet | Como tem Fredomak MD | |
| D % | 24, PRIC'D BY REGISTRAR' REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | \$ |
| > | 1AN 4 1956 miles | 1 1 M M . 22 - 17 D 141 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| , | DATE - Makel Craix | 1 2000 H. Money - 3000 E. Bultin | 110/251 |

TO RESPOND A LETTING OF THE METERS OF STAVE OR ALTERNATION OF THE CONTRACTOR OF THE PROPERTY O 0.21/40 CERTIFICATE OF DEATH BUREAU V. S. although the first section of the first the brake the first that the first t seet & WAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1) (2) (1) 215 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

| CENTIFICAL | E OF DEATH Reg. Dist. | 110. |
|---|--|-----------------------|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |); |
| COUNTY Balto. MARYLAND | STATE Md. COUNTY | |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | | nd vive nearest town) |
| OR and give nearest town) (in this place) TOWN RUXTON | TOWN Balto/ | 3/0/-# |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Sorenson Nursing Home | STREET (If rural give location) ADDRESS 3624 Greenmount Ave. | |
| 3. NAME OF (First) (Middle) | | Ony) (Year) |
| DECEASED: CORA M. | ARMELING OF DEATH: Jan. | 27, 19 56 |
| RACE: WIDOWED, DIVORCED, | 30. 1884 9. AGE last birthday Months D | Ays Hours Min. |
| work done during most of working life, OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| Ueael Molked | Md. | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| William G. H. King | Julia Conrad | |
| IS, WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | Ave. |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | Mrs. Rita M. Schilling - 362 | |
| 18. MEDICAL CERTIFICA | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| 153X | | |
| | oratous retastasis | Ivear |
| ANTECEDENT CAUSE (5) | The state of the s | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) LYDCATO DUE TO | litis chronic | 5 years |
| | cophy myocardium C failure | 2 years |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | CODILY MIVOCATUTATION O TATLATE | 1 20000 |
| TO THE DEATH BUT NOT RELATED TO THE | oma intestinal. | sand our service |
| DISEASE OR CONDITION CAUSING DEATH. | | unknown |
| Dec. 1955 Refer to Unionemon | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) | actory, 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR? | y) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE OF INJURY While Not while | 7 | |
| no injury M. at work □ at work □ | no injury | |
| 22. I hereby certify that I attended the deceased from Jan | I6, 1956, to Jan 27, 19 56 that I last | saw the deceased |
| alive on Jan. 20, . 19 56, and that death occurred a | tII.30M, from the causes and on the date | |
| XI Company | 12 | an 28-56 |
| V | M. D. 516 Wathedral Street J TERY OR CREMATORY LOCATION (City, town, or | |
| REMOVAL (SPECIFY) | | (130800) |
| Burial 1/30/56 Druid Rid | lge Com Pikesville, | Md. |
| PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 28 19 6 R. | gay FUNERAL DIRECTOR | SALO ITMI |

MARGIN RESERVED FOR BINDIN

The

Supply every item of information carefully.

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

 MARGIN RESERVED FOR BINDING

A15 - 10 - 53

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| MARYLAND STATE DEPARTMEN | NT OF HEALTH—BALTIMORE, 18 | 00201 |
|--|--|----------------------------|
| ' 217 CERTIFICAT | E OF DEATH Reg. Dist. | . No. 30 |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |) : |
| COUNTY Baltimore MARYLAND | STATE Maryland COUNTY Balti | more |
| CtTY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give_nearest town) (in this place) | CITY(If outside corporate limits, write RURAL a | ind give nearest town) |
| Catonsville - lyr2hdays | Town Cockeysville | Δ |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital | STREET (If rural give location) ADDRESS Cockeysville Road | |
| 3. NAME OF (First) (Middle) DECEASED: 77. | (Last) 4. DATE (Month) (I | Day) (Year) |
| (Type or Print) Gertrude Virginia | Aspden DEATHJANUARY 4 | 19 56 |
| RACE: WIDOWED, DIVORCED. | 7-1872 9. AGE last birthday Months D | Days Hours Min. |
| IOA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| even if retired): Housewife | Pennsylvania | USA |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Henry Arment | Van Luvanie | |
| 18. WAR DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (if Yes, give war or dates No Unknown | Records Spring Grove State H | osnital |
| 16. MEDICAL CERTIFICA | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| MMEDIATE CAUSE (A) Coronary | thrombosis | |
| ANTECEDENT CAUSE (S) | | |
| DISEASES OR CONDITIONS, IF ANY, (B) Arterioso GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST OUT TO STATING UNDERLYING CAUSE LAST | clerotic cardiovascular disease | |
| (C) | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH | ON . | 20. AUTOPSY? |
| | | YES NO |
| 21A. ACCIDENT WAS UNDERLYING ☐ CR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) | etory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR? | ty) (State) |
| OF INJURY OF INJURY M. at work A st work | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 12-1 | 17 19 51, to 7 1. 10 56 that I last | now the deceased |
| | | |
| signature | t2:40P.M, from the causes and on the date: | stated above. re signed |
| Stella Wachster | Spring Fove State Hospital No. Catonsville 28. Maryland | 1-4-56 |
| | TERY OR CREMATORY LOCATION (City, town, or | county) (State) |
| Burel Jan. 7 1906 Prospect | Hell Cem. Town, Mis | 1 |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR | ADDRESS |
| 1-6-56 (/ E Harre | All Dunis Acres loves | mn neg. |

DUMERU V. c

RETO



Mode Caller MARYLAND STATE DEPARTMENT OF HEALTH 00203 2411 N. Charles Street, Baltimore correct Reg. Dist. No. 45 he PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. -3 COUNTY COUNTY Baltimore STATE Maryland MARYLAND Baltimore CITY (If outside corporate limits, write RURAL and of information carefully death clearly and legibly. LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN give new attown River (in Sthia place) Middle R iver Balto (If rurai, give location) Md TOWN HOSPITAL OR INSTITUTION OR ADDRESS 36 W. Midland Rd., Victory Villa STREET ADDRESS 3. NAME OF (First) (Middle) 4. DATE (Last) (Month) (Day) (Year) DECEASED OF William (Type or Print) Badders DEATH 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 6. COLOR OR RACE 8. DATE OF BIRTH male White (Specify) married 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY CONSTRUCTION done during (hors of eventing dife, even if retired) COUNTRY? Supply every item write the causes of o Pylesville U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Badders Ida Shenberg/ Shanbarger 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give, war or dates of Orpha R?/Bedders, Middle River, Md. 183-14-8404 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONEET AND DEATH INK. Immediate cause Antecedent cause(s) UNFADING 1 Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION PLAINLY, WITH is especially importan 20. AUTOPSY Yes No 4 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Whileat Not While INJURY Work D At work NEMEL ch 22. I hereby certify that I standed the deceased from ... m., from the causes and on the date stated above. WRITE, 19....., and that death occurred at alive on. (Degree or title) ADDRESS SIGNATURA: DATE SIGNED enun PLEASE DATE THEREOF NAME OF CEMETERY OR CREMATORY 3. BURIAL, CREMATION LOCATION (City, town, or county) Jan.20,1956 Abingdon . Harford . Md. Cokesbury 24 FUNERAL DIRECTOR ADDRESS & Son, Abingdon, Md. DATE REC'D BY LOCAL **KEGISTRAR'S SIGNATURE**

s.v uning

1 ALTESTA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After 40 00204CODY CERTIFICATE OF DEATH death. Reg. Dist. No. thirm 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Baltimore STATE Maryland COUNTY Baltimore COUNTY MARYLAND (If outside corporete limits, write RURAL (If outside corporate limits, write RURAL and give nearest town) director, LENGTH OF STAY and give nearest town) (in this place) TOWN TOWN Towson Towson STREET fil rural give location) HOSPITAL OR INSTITUTION OR ADDRESS 6508 Crestwood Road 6508 Crestwood Road #12 STREET ADDRESS (Middle) 4. DATE (Month) Day 3. NAME OF (Last) (Year) DECEASED registrar Francis Mr. (Frank) X. Baird the (Type or Print) DEATH January 1st 19 56 6. COLOR OR 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. RACE Months Hours Oct. 8, 1886 (Spacify) white male married **2**.5 IDe. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT ed with ly filled permit. done during most of working fife, even if OR INDUSTRY COUNTRY? mirred Engineer. Heating & Ventilating Co USA New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME **mompletely** Ellen Walsh Mr. William J. Baird plysician. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (if Yes, give war or dates of service) (Yes, no, or unk.) Mrs. Florence M. Baird. 6508 Crestwood INTERVAL BETWEEN ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ysician death IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) require that the DISEASES OR CONDITIONS, IF ANY, athuding GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE the state of DISEASE OR CONDITION CAUSING DEATH 194. DATE OF OPERATION Ę 19b. MAJOR FINDINGS OF OPERATION 2D. AUTOPSY The law YES [NO à pluods 21c. WHERE DID INJURY OCCUR? (City or town) (State) 210. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, ferm, fectory, (County) **Example** OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) D FUNERAL DIRECTOR 21a. INJURY OCCURRED 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21f. HOW DID INJURY OCCUR? While Not while at work at work pellu 19.5.6, that I last saw the deceased 22. I hereby certify that I attended the deceased from, certifica and that death occurred at 2:30 AM, from the causes and on the date stated above curtificate has 10M death NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL CREMATION, DATE THEREOF (State) A15C REMOVAL (PECIFY) Mt. Maria Cemeterv Baltimore Co. Maryland Burial Jan J. 1956 REGISKAR'S SIGNATURE RECID BY REGISTRAR 25 FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck. 5305 Harford Road #14

BUREAU V. S.

SECELVED.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom cmpy mmy be nemined by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00205

221

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
|---|--|--|---------------------------|
| COUNTY Baltimore | MARYLAND | STATE Maryland COUNTY Balt | imore |
| CITY (Il outsida corporate limits, write RURAL | LENGTH OF STAY | CITY (I) outside corporate fimits, write RURAL and give near OR | est Iown) |
| OR and give neerest town) TOWSOI | (in this place) | Town Towson | 55 |
| HOSPITAL OR | | STREET (H sural give location) | <i>k</i> ² |
| 70 | h Raven Blvd | ADDRESS 8462 Loch Raven Blvd | |
| 3. NAME OF (First) DECEASED | (Middle) | (Lest) 4. DATE (Month) OF | (Day) (Year) |
| (Type or Frint) Mrs. Elsie | G. Baniste | er DEATH Januar | ry 8th 1, 56 |
| S. SEX 6. COLOR OR 7. SIN RACE WI | IGLE, MARRIED, 8. DATE DOWED, DIVORCED, | OF BIRTH 9. AGE last birthday If UNDER | 1 YEAR IF UNDER 24 HRS. |
| female white (Sp | ocity) W and D Oct. | 28, 1898 57 ym. | Days Hours Mill. |
| 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY | | CITIZEN OF WHAT |
| done during most of working life, even if retired) Sales Lady | OK INDUSTRY | Baltimore, Maryland | USA |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| Valentine Hartman | | ? | |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCE | ES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS | |
| (Yas, no, or unk.) (If Yas, give wer or dates of ser | | Mrs. Beatrice K. Fiore, 81 | 62 Loch Rave |
| | 18. MEDICAL CE | | NTERVAL BETWEEN |
| # DISEASES OR CONDITIONS DIRECTLY LEADING | TO DEATH | | ONSET AND DEATH |
| 420./ IMMEDIATE CAUSE (A) | (200 miles (12) | interes Trombour | |
| ANTECEDENT CAUSE(S) DUE TO | | | |
| DISEASES OR CONDITIONS, IF ANY, (8) | Afre 1 porte mes. | capier thrombore | |
| GIVING RISE TO THE ABOVE CAUSE DUE TO | | | |
| (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION | 10 | | |
| TO THE DEATH BUT NOT RELATED TO THE | | | |
| DISEASE OR CONDITION CAUSING DEATH. | R FINDINGS OF OPERATION | | 20. AUTOPSY? |
| ISE. DATE OF OPERATION | C FINDINGS OF OPERATION | | YES NO |
| | PLACE (Homa, farm, factory, URY streat, office bldg., etc.) | 21c, WHERE DID INJURY OCCUR? (City or town) (Coun | ty) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (I | Hour) 21e. INJURY OCCURRED While Not white at work | 211. HOW DID INJURY OCCUR? | |
| | , | 16 007 | |
| 22. I hereby certify that I attended | the deceased from | 1950 to 1957, that I | last saw the deceased |
| | filling and that death occurred a | ADDRESS (Street, city, Jown, state) | above. 17706 |
| SIGNATURE (| Elman 110 | 8"5 & 3 Just Leven Like of 100 | 4 |
| 23. BURIAL CREMATION. DATE THEREO | M.D. | | (Stata) |
| REMOVAL (SPECIFY) | | | * / |
| | 1, 1956 Holy Rec | deemer Cem. Baltimore, Fr | |
| 24. REC'D BY REGISTRAR REGISTRAR'S | SIGNATURE | _ | ADDRESS |
| nine in the | For U. | Leonard J. Ruck, 5305 Harford | Road #1). |



BUREAT!

VS.

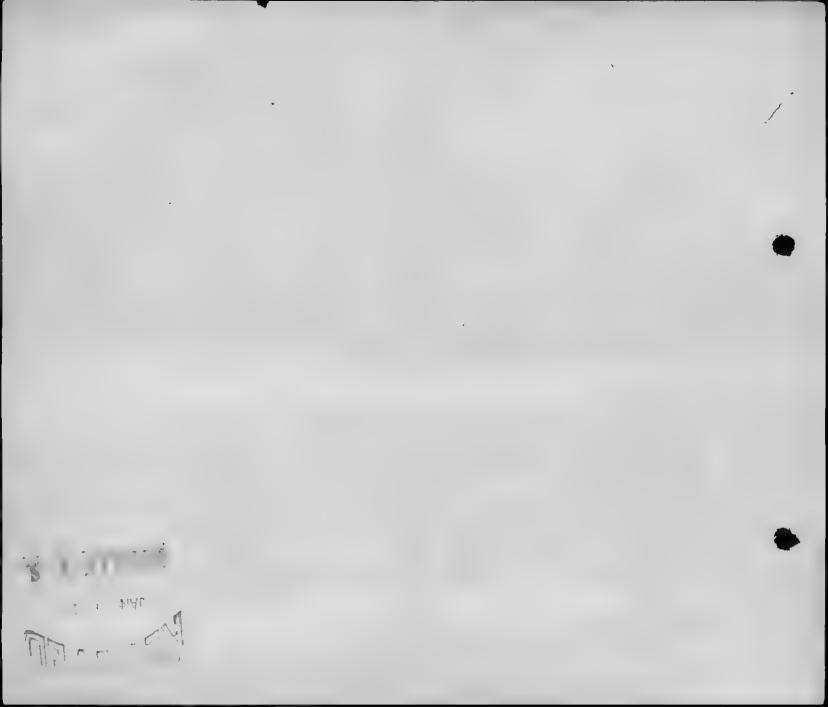
| 18: | film | G192 | 2-21-56 | L ! | 222 |
|-----|------|------|---------|-----|-----|
|-----|------|------|---------|-----|-----|

00206 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE No. 30 OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
|---|--|-------------------|
| COUNTY Baltimore MARYLAND | STATE Md. county Baltimore | |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville LENGTH OF STAY (In this place) 2YRS. | CITY (If outside corporate limits write RURAL and give OR TOWN Catonsville | nearcst town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 720 Meadowbrook Road | STREET (If rural, give location) ADDRESS 720 Meadowbrook Road | ψ ψ |
| 3. NAME OF (First) (Middle) DECEASED: (Type or Print) DAVID AUGUSTUS | (Last) 4. DATE (Month) (Day) OF DEATH DEATH 1 22 | (Year) |
| 6. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, Seeily): Widowed See | FE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR PORTS OF STREET | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer 10b. KIND OF BUSINESS (1NDUSTRY: Glue Factory | | STRY! |
| 13. FATHER'S NAME: John Barth | 14. MOTHER'S MAIDEN NAME: Mary M. Wolber | rt |
| 16. WAS DECEASED EYER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of NO service) 219-12-8278 | 17. INFORMANT & ADDRESS: 720 Meadowbrook George H. Barth Catonsville 28, | |
| 18. MEDIC 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ACUTE ALCOHOLIST DUE TO | On On | TERVAL BETWEEN |
| | NATURAL CAUSES | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 20. | AUTOPSY 7 Yes ANO |
| 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., et CAUSE OF DEATH. | y, 21c. (City or town) (County) | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while M. Mot work ☐ at work ☐ | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I took charge of the remains descr | | |
| find that death resulted from: Natural causes [], Acc | ident 🗌, Suicide 📋, Homicide 🔲, Undetermin | |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE | ident [], Suicide [], Homicide [], Undetermin CHIEF MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER [] | ed cause |



7. hours after death. After this director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death cartificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

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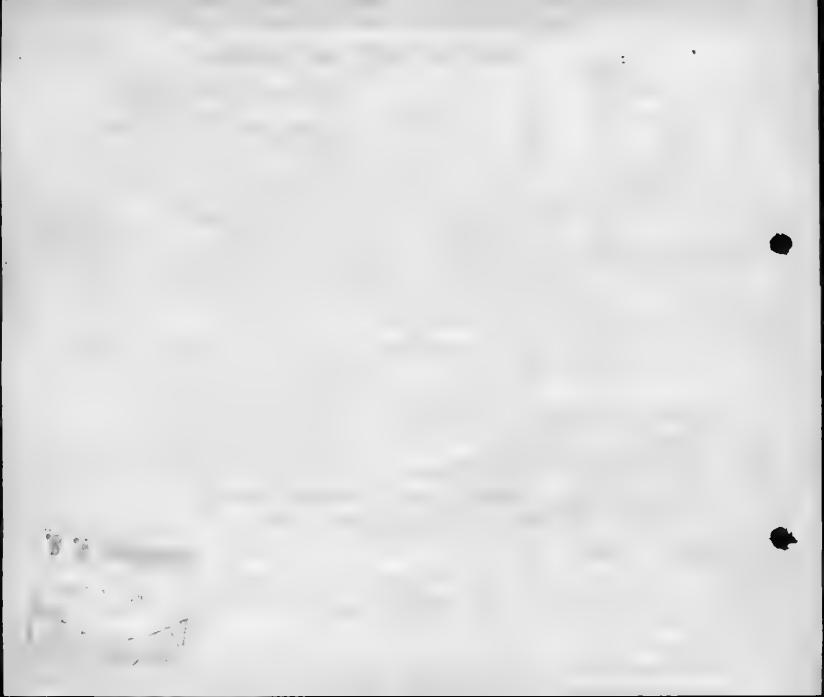
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00207

| . 225 | Reg. Dis | t. No |
|--|--|--------------------------|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASE | D |
| COUNTY Tartemore MARYLAND | STATE 10. COUNTY | |
| CITY III outside comprete limits, write 81/PA1 LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give ne | erest Jown] |
| OR and pive degress (pwn) (in this place) | TOWN (A TONSO ILLE | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS LOOCH COMO, AformE | STREET (If rural give location) ADDRESS | , |
| 3. NAME OF PECEASED (First) (Middle) | (Lost) 4. DATE (Month) | (Dey) (Year) |
| (Type or Print) Clarence W. Nath | gate OF DEATH /- | 5 1956 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O | | R 1 YEAR IF UNDER 24 HRS |
| M (Specify) 12 - | 6-14 76 yrs. Months | Deys Hours Min. |
| 100, USUAL OCCUPATION (Give kind of work 105, KIND OF BUGINESS | 11. BIRTHPLACE (State or foreign country) | 2. CITIZEN OF WHAT |
| done during most of working life, even it retired ABOOKE | M. | COUNTRY? |
| 3. FATHER'S NAME | 14. MOTHER'S MAIDEN MAME | |
| (AAZIES | E/13 Mollin | EGUK |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT & ADDRESS | |
| (Yes, ng., or ugk.) (If Yes, give wer or detes of service) | Jun 1 -) | 0000 |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH? | TIFICATION | INTERVAL BETWEEN |
| 1/ | A N | ONSET AND DEATH |
| 120 IMMEDIATE CAUSE (A) Janganes - | A Ray - | 2-00gs |
| ANTECEDENT CAUSE(S) DUE TO | anterio Jelerone | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO | 20 - 10178 32 - 2010 | |
| Division of the latest and the lates | | |
| (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 94. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | | 20, AUTOPSY? |
| | | YES NO |
| 21e. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, form, tectory, or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER] | 21c. WHERE DID INJURY OCCUR? (City or fown) (Cou | nty} (Stele) |
| 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED You while st work | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 1016 3 alive on 2015, 19 5 0 and that death occurred at | that I | |
| Signature J. Howself M.D. | Resource of the Control of the Contr | DATE SIGNED |
| REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR | CREMATORY LOCATION (City, town, or country) | |
| REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |



Lassalm Fermal Home 7401 Belain

REGISTRAR

Dr. Vort Co 9-1130 A.M.

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| r this | MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 | 00209 |
|--|--|----------------------|
| er death. After | CERTIFICATE OF DEATH | 1 |
| å E | Items 11 12 Filmul 91 1=16-56 et | st. No |
| | 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEAS | 14 |
| w == | COUNTY STATE COUNTY |)0110 |
| hours sctor, th | CITY (If outside corporate limits, write RURAL OR end give negest tourd) LENGTH OF STAY (in this place) OR CITY (if outside corporate limits, write RURAL and give negest tourd) | neerest town) |
| 72 hour director, | TOWN & TITS MARSOL TOWN IN 110. | F A |
| within Zi | HOSPITAL OR INSTITUTION OR STREET ADDRESS ADDRESS 1613 E /en /e | ee Uz |
| rar with | 3. NAME OF DECEASED (First) (Middle) (Lest) 4. DATE (Month) OF DEATH | (Dey) (Yeer) |
| e registrar | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED 8. DATE OF BIRTH 9. AGE last birthdey FUNE Months | Days Hours |
| with the filled in mit. | 10e. USUAL OCCUPATION (Give kind of work done during nost of working life, even it relired) for a country to the country of th | 12. CITIZEN OF WHA |
| P Z e | 13. FATHER'S NAME | 0.00111 |
| ysicial cate b comp comp | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. 15. MAS DECEASED EVER IN U. S. ARMED FORCES. [Yes. 15. MAS DECEASED EVER IN U. S. ARMED FORCES. [Yes. 15. MAS DECEASED EVER IN U. S. ARMED FORCES. [Yes. 15. MAS DECEASED EVER IN U. S. ARMED FORCES. [Yes. 15. MAS DECEASED EVER IN U. S. ARMED FORCES. [Yes. 15. MAS DECEASED E | ~ Stiens |
| ing ph certifi and a buri | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DE |
| endin gath c ician as a | A LA Dana L CL | 2100 |
| or affendir he death physician use as | ANTECEDENT CAUSE(S) DUE TO | |
| | Visitotostal establish | 1.144 |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO (C) | 2 |
| uires uires atter etach | TO THE DEATH BUT NOT RELATED TO THE | 0.41 |
| r v v v v v v v v v v v v v v v v v v v | DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY |
| _ 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | YES NO |
| The The short | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | ounty) (State) |
| 5 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work 21e. INJURY OCCUR? | |
| RECT been been | 22. I hereby certify that I attended the deceased from 1953., to 941 | t I last saw the dec |
| | alive on. 4 | |
| ERAI sate } | M.D. D.D. J. TULLE K. J. DOLLA J. | 1/9/5 |
| The second second second | 23 JURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Towns, 100) | inly) (Si |
| The bo | 15) 11.12.28 BEAULE FACE 15/4 | ADDRESS |

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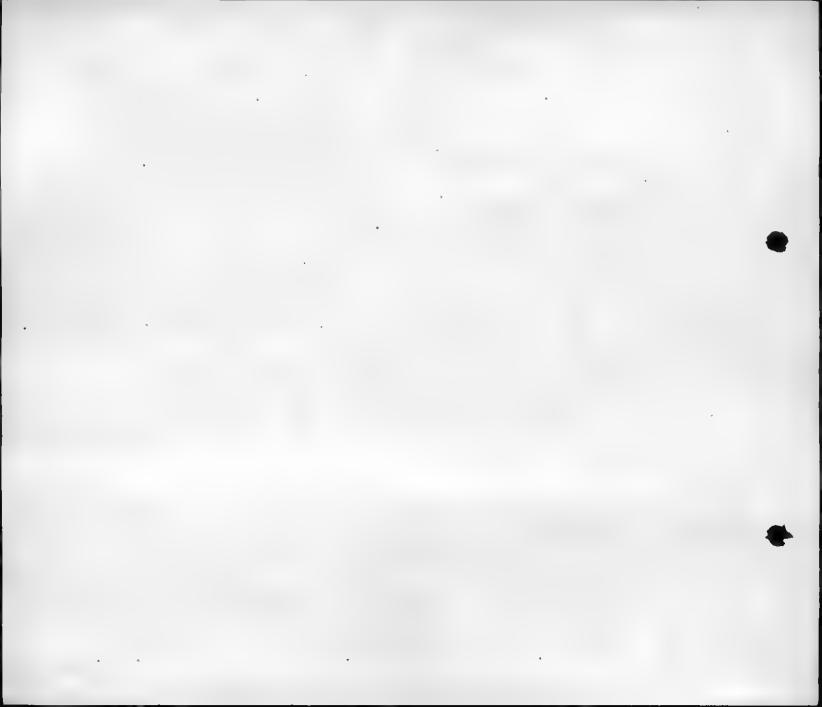
| Ď | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | : |
|-------------|--|--|-----------------------|
| legibly | COUNTY BALTIMORE MARYLAND | STATE MI), COUNTY | |
| | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CiTyilf outside corporate limits, write RURAL at | nd Rive pearest town) |
| and | OR and give nearest town) TOWN BALTIMORE 12.19-17 1/19/56 | FOWN BALTIMORE | |
| | | STREET (If rural give location) | |
| clearly | INSTITUTION OR SPRING GROVE STATE HOSP, | 1295, LOUDON AV. BALTO. 10 | -MD. |
| 1 7 | 3. NAME OF (First) (Middle) | | my) (Year) |
| death | | - A F A A I OF I | (Lene) |
| 80 | (Type or Print) HORACE & BE | DEATH: | 1956 |
| of d | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 1/2 X | of BIRTH: 9. AGE last birthday IF UNDER 1 YE. Months Do | |
| 96.5 | 10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| causes | work done during most of working life. OR INDUSTRY: INSURING RELIEF AGENT Travelers Ins. Co. | | U.S.A |
| | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | 01317, |
| the | SAMUEL BEREAN | ? | |
| write | 12 WAS DECEASED EVER IN U.S ARMED FORCES! 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS. 4 A | |
| | (Yes, no, or unk.) (If Yes, give war or dates | HORACE BEREAN IR. | 1 . 4.1 |
| Se L | The of service) The | LOCO GOODWOOD GARDENS BA | LTOIL MY |
| 5 8 | 18. MEDICAL CERTIFICAT | ION | INTERVAL BETWEEN |
| ā. | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| S: 5 | IMMEDIATE CAUSE (A) CARDIAC | FAILURE | 5 HOURS |
| an | DUE TO | | |
| Physicians: | DISEASES OR CONDITIONS, IF ANY. (B) GENERALI | IZED ARTERIOSE LEROSIS | |
| hy | GIVING RISE TO THE ABOVE CAUSE DITE TO | 77 17 2 7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | |
| m) | STATING UNDERLYING CAUSE LAST. | ED AGE | |
| int. | (C) HUVITIVO | 0 9 110-2 | |
| rta | TO THE DEATH BUT NOT RELATED TO THE | | |
| DOJ. | DISEASE OR CONDITION CAUSING DEATH | | |
| important. | 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| <u> </u> | | | AER NO |
| especially. | 21A ACCIDENT WAS UNDERLYING \[\] 218. PLACE (Home, farm, fact OR CONTRIBUTING \[\] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR? | (State) |
| spi | 21p. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | |
| p- | OF INJURY While While at work at work | | |
| 12. 12 | | 1 0/ 22 // 22 | |
| age | | | |
| | alive on ///9/, 194.6, and that death occurred at, | 10.50M, from the causes and on the date s | tated above. |
| ect | SIGNATURÉ / | | E SIGNED |
| correct | Stella Wacheler M | ERY OR CREMATORY LOCATION (City, town, or | 1/20/5-6 |
| W | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE | ERY OR CREMATORY LOCATION (City, town, or | county) (State) |
| 4 | Cremation 1/21/56 Greenmoun | t Crematory Baltimore, Md. | |
| - | PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR RUMANA 21: 1956 R.W | 25ch intinek Dinector Home, Inc. 2601-3-5 E. Madison St. | ADDRESS |
| | The state of the s | | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00240 CERTIFICATE OF DEATH Reg. Dist. No. 700



FUNERAL DIFECTOR

DATE, REC'D BY LOCAL



228

MARYLAND STATE DEPARTMENT OF HEALTH

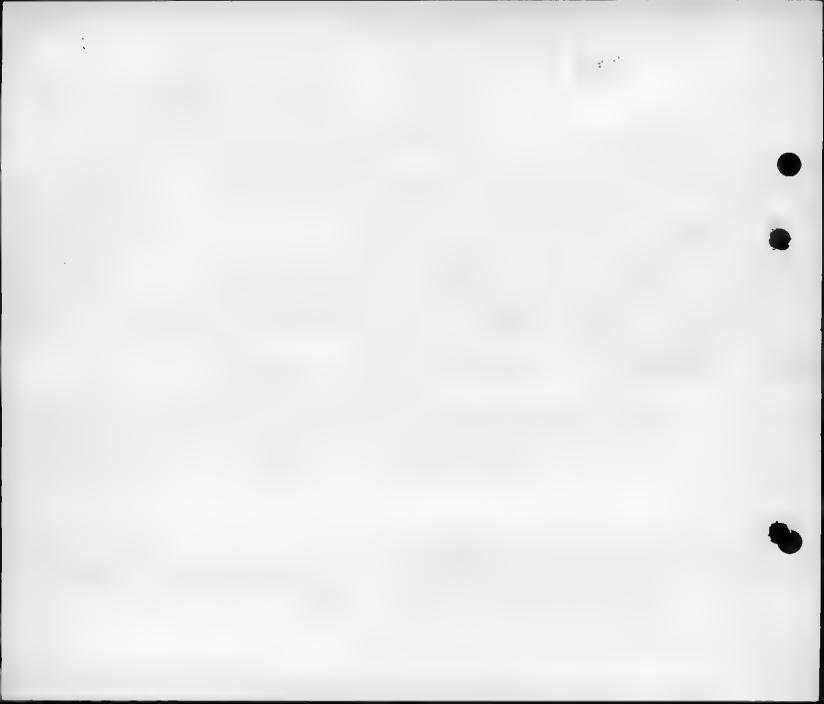
2411 N. Charles Street, Baltimore

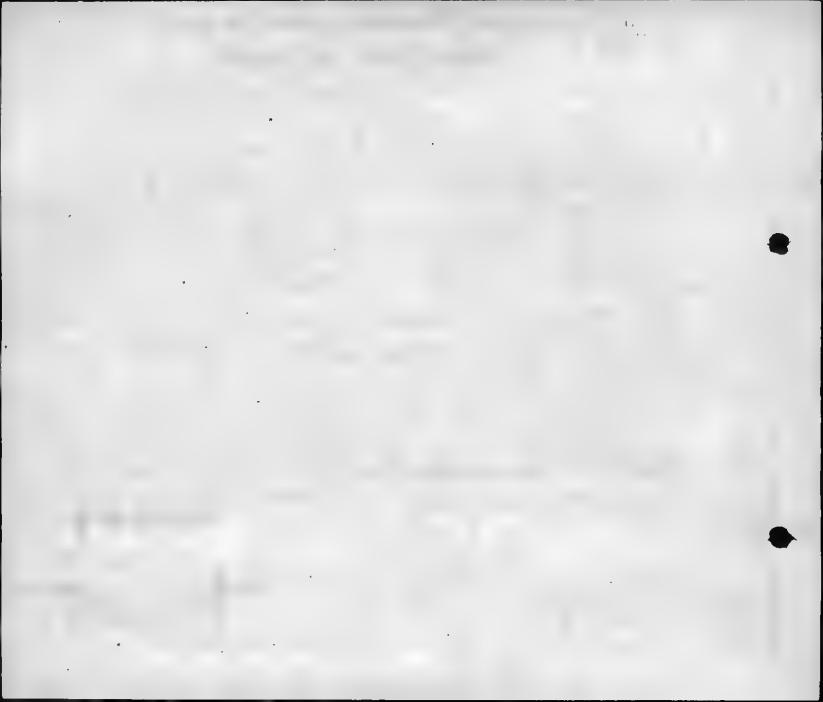
CERTIFICATE OF DEATH

Reg. Dist. No.....

00212

| 1. PLACE OF DEATH- COUNTY Baltimore MARYLAN | 2. USUAL RESIDE STATE Mary. | nce (Home) of Dec land | COUNTY | |
|--|--------------------------------|--------------------------------------|--------------------|---|
| CITY (If outside corporate limits, write RURAL and Cin this TOWN CITAL LARGOR | or Town Bal | corporate limits, write l | | nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 2414 Plainfield Avenue | STREET ADDRESS 2 | 414 Plainfiel | d Avenue | |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print) Margaret | (Last) Bowers | 4. DATE OF DEATH | (Month) January | (Day) (Year) 8 1956 |
| 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRI Female White WIDOWED WIDOW (Specify) WIDOW | CED, March 4, 1 | 873 82 | ym. Months | year If under 24 hrs Days Hours Min. |
| done during most of working life, even if retired) HOUSEWILE Tob. Kind of Busing life, even if retired INDUSTRY (WY) Home | Bartimore | (State or foreign country) Maryland | 12. | CITIZEN OF WHAT |
| Jacob Lightner | | gdalen | | |
| 15. Was Decrased Ever in U.S. Armed Forces? (Yes, no, or unknown) (II yes, give war or dates of service) | Mrs Elizab | and address eth Rossback | 2h1h Pla | ainfield Av |
| 18. MEI | CAL CERTIFICATION | | | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT | | | | ONSET AND DEATH |
| | <i>n</i> | | | |
| | alg. Edema | acute. | + c >3F0 + | 30 MINZ. |
| Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cifter to sele 70 cms 7 general wheel | | | | u del |
| (c) Citasa |) sale 70 ero 1 | generalize | de l | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | clites | | | ustel. |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER. | TION | | | 20. AUTOPSY? |
| | | | | Yes 🗆 No 🗆 |
| Z1. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) HOMICIDE INJURY (COUNTY) (STATE) | | | | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While INJURY OCCUR? INJURY m. Work At work | | | | |
| 22. I hereby certify that I attended the deceased from Sec. 15, 19.55, to San 8, 19.5b, that I last saw the deceased | | | | |
| alive on | | | | |
| SIGNATURE (Degree or title) ADDRESS DATE SIGNED | | | | |
| J. Scall me 434 Pastern are Esset ma 1/9/50 | | | | |
| DUNIAL GREEK | | | | |
| Burial Jan 12, 1956 Sacre | 24. FUNERAL DI | IRECTOR | e, -aryr | ADDRESS |
| REG. | 7.111v & 7.e | eiler Inc., 40 | 3 S. Wol | fe St. |
| -/ | 1 11227 05 510 | 12 TILO 6 4 4 | 0 1102 | |





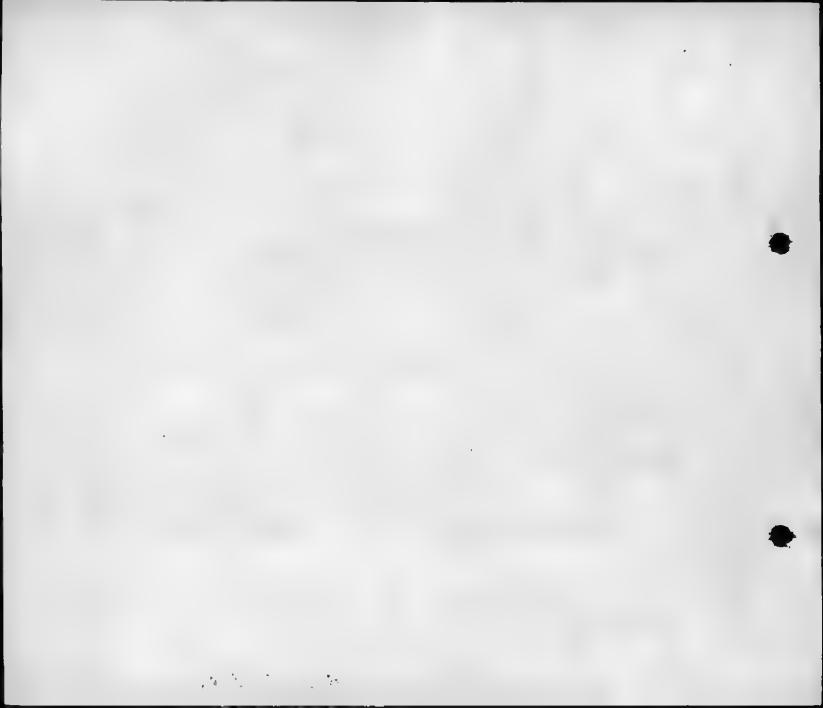
MARGIN RESERVED FOR BINA

| 239 | MARYLAND | STATE | DEPARTMENT | OF | HEALTH—BALTIM | IORE, | 18 | 0021 |
|-----|----------|-------|-------------|----|---------------|-------|----|------|
| | | | STIBLE ATER | | | in. | Th | . 3/ |

| av | CERTIFICATE | OF DEATH |
|----|-------------|----------|
| | | |

Reg. Dist. No.

| Š | 1. PLACE OF DEATH: | 2 USUAL RESIDENCE (HOME) OF DECEASED: | | | |
|--|---|--|--|--|--|
| and legibly | county Baltimore MARYLAND | state Maryland county | | | |
| le | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITYIII outside corporate limits, write RURAL and give nearest town) | | | |
| pu. | OR and give nearest town) (in this place) TOWN Catonsville | Town Baltimore | | | |
| | HOSPITAL OR | STREET (If rurai give location) | | | |
| | INSTITUTION OR STREET ADDRESS 16 Fusting Avenue | ADDRESS | | | |
| clearly | | 924 N. Caroline Street | | | |
| Ę. | DECEASED: | (Last) 4, DATE (Month) (Day) (Year) | | | |
| death | (Type or Print) AUGUSTA G. | BRANDAU DEATH: Jan. 6, 1956 | | | |
| | RACE: WIDOWED DIVORCED. | OF BIRTH: 9. AGE last birthday if UNORR LYEAR IF UNDER 24 HRS. Months Days Hours Min. | | | |
| s of | female white (Specify): widowed Feb. | 4. 1872 83 yrs. | | | |
| causes | 10A, USUAL OCCUPATION Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT | | | |
| Tan. | even if retired) housewife at home | Germany U.S.A. | | | |
| the (| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME: | | | |
| | MIT GOD ANA GOD | | | | |
| write | 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | | |
| W | (Yes, no, or unk.) (If Yes, give war or dates | | | | |
| 41/ 2/2 | of service) | Howell C. Brown, 5030 Edgar Terrace | | | |
| please | 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | WIEWAL BEIMEEK | | | |
| ď | | ONSET AND DEATH | | | |
| 0/2 | IMMEDIATE CAUSE (A) | ordial Degrapemarkon 12mg | | | |
| iar | ANTECEDENT CAUSE (S' | | | | |
| Physicians: | DISEASES OR CONDITIONS, IF ANY. (B) Che Hykislengine C. U.B. Wiggere 10 m/? | | | | |
| hy | STATING UNDERLYING CAUSE LAST. DUE TO | | | | |
| | (C) | | | | |
| important. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | |
| ort | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| du | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | | |
| E ₀ | | YES NO P | | | |
| especially, | 214 ACCIDENT WAS UNDERLYING TO 218 PLACE (Home form fact | | | | |
| eia | 21A. ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, fact of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | etc. INJURY OCCUR? | | | |
| , pe | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED |) 21F, HOW DID INJURY OCCUR? | | | |
| ě | OF INJURY While Not while | The first of the second | | | |
| .63 | | | | | |
| 98 | 22. I hereby certify that I attended the deceased from 1/2 - | 3, 1957, to !, 1954, that I last saw the deceased | | | |
| | alive on 1 | 6 Q. M, from the causes and on the date stated above. | | | |
| e | SIGNATURE | ADDRESS DATE SIGNED | | | |
| orrent | Therent dallages M | . D. Calonagelle - 28 201 1/8/56 ERY OR CREMATORY LOCATION (City, town, of county) (State) | | | |
| DEMOVAL RESPONSE | | | | | |
| | burial 1/7/56 Mt. Olixe | t Cemetery Baltimore, Maryland | | | |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR ADDRESS | | | |
| | 636 1 7/6 Hetiell | Wm Book Mc 1217 St. Paul St. | | | |
| La grand de la constante de la | | | | | |



INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00215

231

CERTIFICATE OF DEATH

Reg. Dist. No.

| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | |
|---------------|--|--|----------------------------------|--|--|
| | COUNTY BALTIMORE MARYLAND | STATE MARYLAND COUNTY ANNE ARUNDEL CITY (H outside corporate limits, write RURAL and give neerest lown) OR TOWN PASADENA STREET (H rurat give location) ADDRESS RT. # 2 BOX 23 | | | |
| | CITY (If outside corporate limits, write RURAL OR and give names) town FORT HOWARD LENGTH OF STAY Intt. place). | | | | |
| | HOSPITAL OR INSTITUTION OR STREET ADDRESSETERANS ADMINISTRATION HOSPITAL | | | | |
| | 3. NAME OF (Fust) (Middle) (Type or Print) ETMER BREA | (Last) 4. DATE (Month) 9FATH JANUARY | (Day) (Yeer) 19 1956 | | |
| | | 10, 1900 55 yrs. Months | | | |
| 7 | 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refleed) Painter Building | 11. BIRTHPLACE (State or foreign country) 12. Pasadena, Haryland | CITIZEN OF WHAT | | |
| | William T. Breneman | Sadie E. MN: Thomas | | | |
| , | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or datas of service) Yes WW II 16. SOCIAL SECURITY NO. 216-16-1204 | Clin.Rec.Vet.Adm.Hosp.,Ft.H | oward.Md. | | |
| | 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | IMMEDIATE CAUSE (A) AORTIC INSUFFICIEN | ICY | UNKNOWN | | |
| | ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | S, AORTIC VALVE | UNKNOWN | | |
| | TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. PULMONARY EDEMA | | 1 DAY | | |
| 1 | 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES NO | | |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | (Count | y) (Stela) | | |
| | 21d TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21s. INJURY OCCURED White Mot while at work at work | 21. HOW DID INJURY OCCUR? | Ch | | |
| | 22. I hereby certify that affended the deceased from Oct. 10 |) 1955 10 Jan. 19 1956 maco | | | |
| A15C 1-55 10M | abycopxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | | | |
| VS A15 | Burial -23 56 Oak Lawn (24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | Cemetery Baltimore, Mar 25. FUNERAL DIRECTOR'S SIGNATURE | | | |

S'A Orman

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232

The correct age

MARGIN RESERVED FOR BENDING

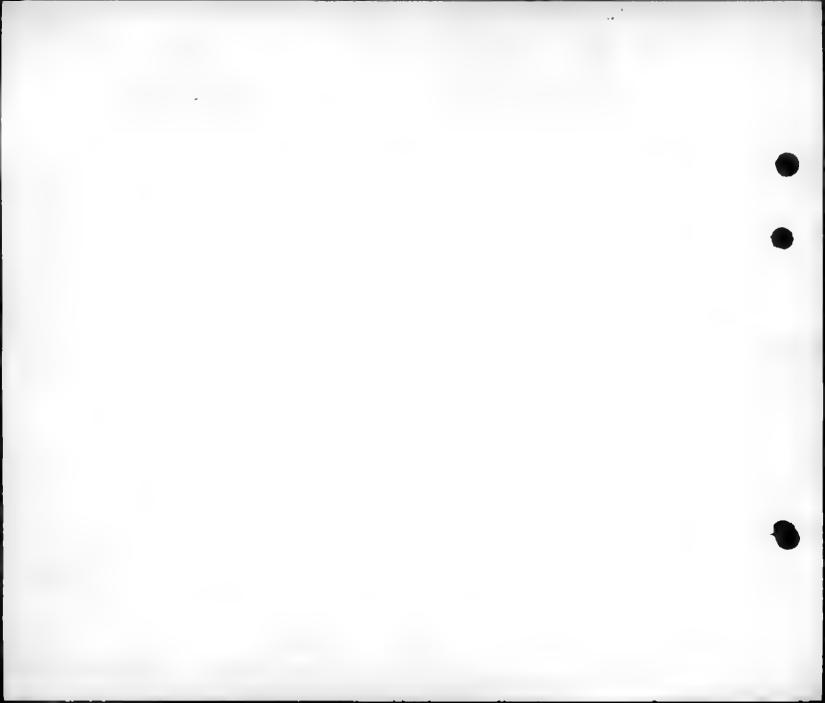
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

| 7/1 | | |
|--|--|--|
| , pe | 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HOME) OF DECEASED |
| - | COUNTY ARYLAND MARYLAND | STATE |
| ully. | CITY (If outside corporate limits, write RURAL and OR give nearest town) CITY (If outside corporate limits, write RURAL and ItemSTH OF STAY (In this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN |
| eg. Fe | HOSPITAL OR SARFIJON NURSING HOME | STREET (If rural, give location) |
| 8 = | STREET ADDRESS 7912 RUXLAY RD | ADDRESS 60 4 DAKLEICH RR |
| an B | 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| ly late | (Type or Print) CHARLES LEO | BROOKS DEATH 1 - 15 156 |
| of information carefully death clearly and legibly. | 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED. | 8. DATE OF BIRTH 9. AGE last birthday if under 1 year If under 24 hrs. |
| ath | 10s. USUAL OCCUPATION (Give kind of work) 10h. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| de | done during most of working life, even if retired) INDUSTRY PARTIES. | Collection |
| Ti o | 13. FATHER'S NAME | BALTO. MILL U.S.A. |
| every Item | SHAD RICK BROOKS | ANNIE POWD |
| au s | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANTS a |
| P G C | (Yes, no, or unknown) (If yes, give war or dates of | CHARLESL BROOKS SIR. 1722 FORRESTAD |
| 54 | 18. MEDICAL CE | |
| Supply write th | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN |
| 20 ₹ | I Biserious on combinations building to build | The state of the s |
| INK. please | Immediate cause (a) Colongare | 1 Wouther Smooth |
| 지원 | Andread and annotation of the second and the second | |
| | Antecedent cause(s) Diseases or conditions, if any, (b) / Wheel lange | or I willisteres no war |
| NG | giving rise to the above cause stating the underlying cause last | -land to the test of the |
| ADI | (c) Alephons | chrone mucha |
| Phy | 11. OTHER SIGNIFICANT CONDITIONS | |
| 24 | Conditions contributing to the death but not related to the disease or condition causing death. | |
| pt l | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 巴선의 | | Yes No 🗇 |
| ', WITH UNFADING | 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street. Of office hidg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| WRITE PLAINLY is especially | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work | HOW DID INJURY OCCUR? |
| AII) | 12-2- | - 66 1-15-51 |
| PL | 22. I hereby certify that I attended the deceased from | to to to that I last saw the deceased |
| | | m., from the causes and on the date stated above. |
| F | SIGNATURE (Degree or title) | ADDRESS DATE SIGNED |
| 8 | Samuel - Sallel M. TO, Vil | calles 1m /14/ (-16-56 |
| | | CRY OR CREMATORY LOCATION (City, town, or county) (State) |
| ASE | | D MEMORIAL BALTO-CO- MO |
| PLE. | DATE REC'D, BY LOCAL A REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
| Ы | (REG/6 3 6 AZ) Kedrac (1) | Elmer N. Corplin 5444 BELMERD |
| | - Druce | |

VS. A15



24. FUNERAL DIRECTOR

ADDRESS

A15A

国

S PLEA REMOVAL (Specify) ;

DATE REC'D BY LOCAL

-20-56

REGISTRAR'S SIGNATURE

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75 x-1 24

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PLEASE

204

MARYLAND STATE DEPARTMENT OF HEALTH

| 411 N. Charles St., Baltimor | re |
|------------------------------|----|
|------------------------------|----|

| CERTIFICAT | E OF DEATH | Reg. Dist. No. |
|---|---|--------------------|
| 15 avenua | 2. USUAL RESIDENCE (HOM. (Fpr newborn infants give reside | IE) OF DECEASED: |
| 4 | State 44- | County Balto |
| nd (ve nearest town) | City or town 492c + | 4 o r o C - |
| | | 1945 avenue |
| ********** > ****** >****************** | (If run | al, give LOCATION) |

00218

| 1. PLACE OF BEATH: 1818 WINAUS CIVERNO | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|--|
| City or town 13 4 C + 6: Bounty | State 494- County Balto |
| (If outside city or town limits, write RURAL and gwe nearest town) | Hale than ne. |
| Now long in above place of death? | (If outside city per town limits, write RURAL and give nearest town) |
| Halethorpe | Sireet No. B18 W14945 avenue |
| Now long in hespital er institution? | 2.(g) If veteran, name war |
| 3. (a) FULL NAME | 3.(b) Social Security Number |
| MARY R. BRYAN | NONE |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| FEMALE. WHITE WIDOWED | 20. DATE OF DEATH. JANUARY 24 1956 at 10 A |
| 8.(b) Name of husband or wife Gugustus Ward. | 21. I CERTIFY that death occurred on the date above stated; that I pitended deceased from |
| 6.(c) It allys, give age DCC. years | Jun 1953 19, 10 1/24 1956 |
| 7. Birth date of deceased (mo., day, yr.) July 10-1876 | and that I last saw had alive on 12.8 |
| 8. AGE: Years Months Days It less than one day | Immediate cause of death |
| 79 | antico Soleratio C.V.D. |
| strolar Voudon Co. Virginia | Bue ta |
| (Town, county, and state) | |
| 16. Usual ecoupation | Due to |
| 11. Industry or Business | the the Material Company of the Comp |
| E 12. Hame albuh Dicey. | Dther conditions |
| Z 13. Birthplace Ay Unowu | (Include pregnancy within 3 months of death) |
| E 14. Matten name Islanou ! | (Include pregnancy within 2 months of death) Major findings of operations |
| E 15. Birthplace | pasjor munices of operations. Date of op. |
| 18 Interment The Long Barry | Antopsy results. |
| Address 1818 Wingus Way | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Bur 16/ 1056 | 22. VIOLENCE: It death was due to external causes, till to the following; |
| (Burial, eremation, er removal, Which?) Date thereof (month) (war) | Accident, suicide, er homicide |
| Cometery or remover 19 4 10 79 6 4 624. PK. | Where did lajury ectur?(City or town) (County) (State) |
| Location of 9663 Church /a; | Injured at heme, farm, (ndustry, gublic place (where?) |
| 18. Funeral director Was Cook Suc | Means of Injury Injured of work? |
| Address 1511 th Paul 5h | - Lal - 6/ (Even m 1) |
| | 23. SIGNATURE |

Address

He were

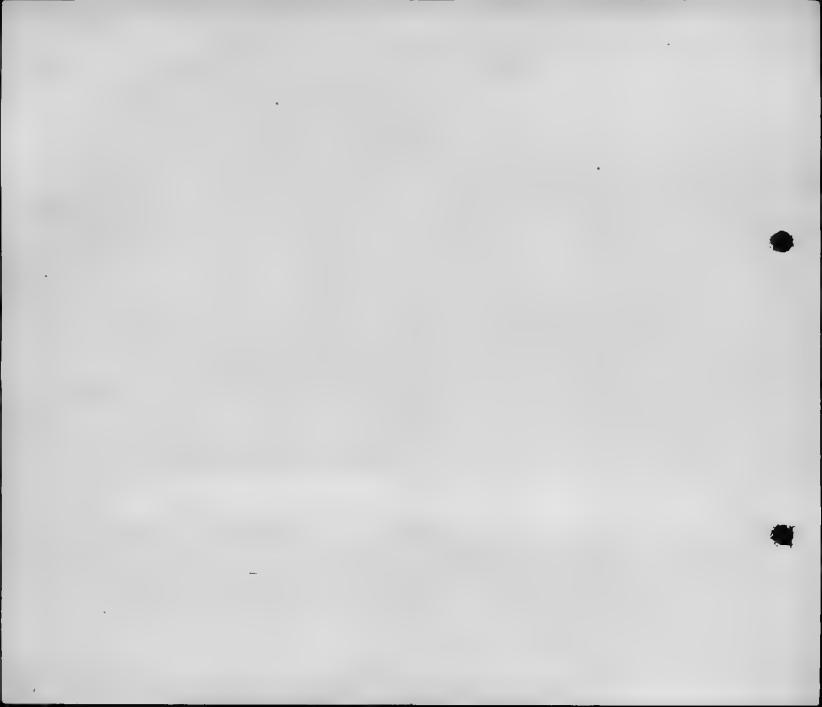


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| MEDICAL EXAMINER'S CER | TIFICATE OF DEA! | PH No |
|--|--|--|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEAS. | |
| county Baltimore MARYLAND | STATE Md. COUNTY | altimore V |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY (in this place) | CITY (If outside corporate limits write RUI OR TOWN Baltimore | |
| HOSPITAL OR INSTITUTION OR | STREET (If rural, give lo | · |
| street address Md. Training School for Boys NAME OF (First) (Middle) | (Leet) (4. DATE (Month) | |
| DECEASED: | OF | (Day) (Year) 11. 19 56 |
| | Oli College | INDER I YEAR IF UNDER 24 BRS. |
| RACE: WIDOWED, DIVORCED, (Specify): Sing. 4/ | | nths Days Hours Min. |
| work done during most of work life, even if retired): School | R 11. BIRTHPLACE (State or foreign country Tenn. | y): 12. CITIZEN OF WIIA? COUNTRY? |
| is. Father's Name: | 14. MOTHER'S MAIDEN NAME: | |
| Letcher F. Chapman | Hazel Collins | |
| 15. WAS DECEASED EVER IN U.S. ASMED FORCES 7 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | Mr. Letcher Chapman 1 | 17 N. Front of |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: The distance of the shore cause (a) Idiopathic Liyoca (b) Idiopathic Liyoca (b | raial Hypertrophy and Fibros | INTERVAL BETWEEN ONSET AND DEATH |
| IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes 🖺 No 📋 |
| 21s. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc. INJURY | | (State) |
| 2id. TIME (Month) (Day) (Year) (Hour) 2ie. INJURY OCCURRED OF While at Not while INJURY M. M. Work | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby-certify that I took charge of the remains describ | | |
| find that death resulted from: Natural causes 1, Accid | dent [], Suicide [], Homicide [], UCHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | Jndetermined cause DATE SIGNED 1/12/56 |
| find that death resulted from: Natural causes 1, Accid | dent [], Suicide [], Homicide [], U CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, tow | Indetermined cause DATE SIGNED 1/12/56 n, or county) (State) |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDIN



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the registrar within T. Cours after death. in by the funeral director, the third con

director,

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with curtifical las been executed by the attending physician and sometimely filled death certificate assembly should be detached for use as a flurial transit permit.

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MSTRUCTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

234

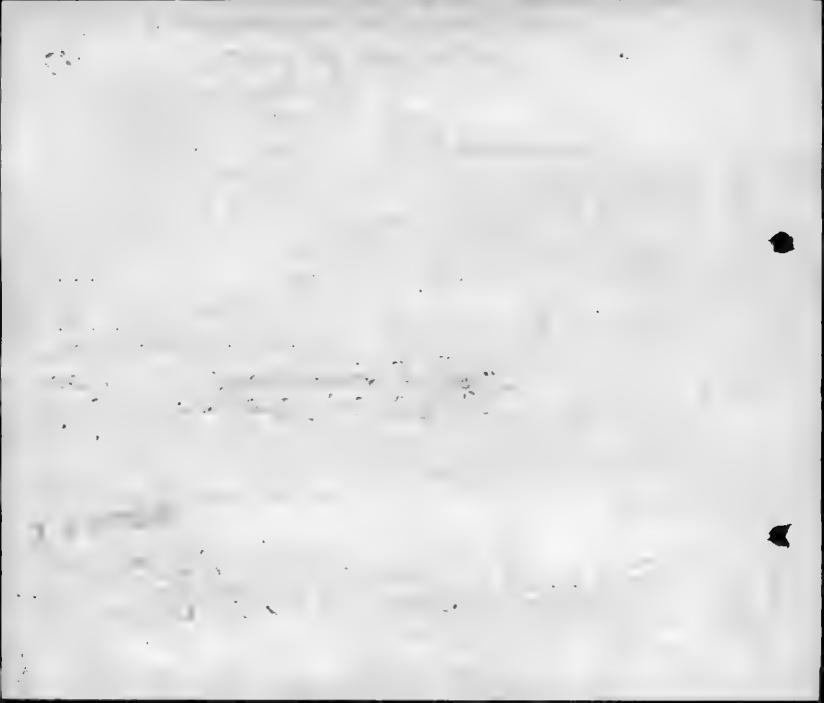
PLACE OF DEATH

CERTIFICATE OF DEATH

00220

Reg. Dist. No.

| county Baltimore MARYLAND STATE Maryland county Baltimore | | | | | |
|---|---|--|--|--|--|
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) | | | |
| | OR and give neerest town) OR and give neerest town) OR and give neerest town) (In this place) (In this place) I fe | TOWN Baltimore 34, Loch Raven | | | |
| | HOSPITAL OR | STREET (If rurel give location) | | | |
| | INSTITUTION OR STREET ADDRESS Lake Drive | ADDRESS Lake Drive | | | |
| | 3. NAME OF (First) (Middle) | | | | |
| | | (Lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH 1-7-56 | | | |
| j | (Type of PHnI) John Herbert Chenowith | 19 | | | |
| | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, | M-di- | | | |
| | | 0-1899 56 yrs. Months Days Hours Min. | | | |
| | 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | |
| / | retired truck driver Balto. City Water | Maryland U.S.A. | | | |
| | 13. FATHER'S NAME Dept. | 14. MOTHER'S MAIDEN NAME | | | |
| | John T. Chenowith | Louisa Francis | | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS Balto. 34. Md. | | | |
| | (Yes, no, or unk.) (If Yes, give wer or detes of service) | | | | |
| | 18. MEDICAL CERT | Mrs. Mary E. Chenowith, Lake Dr. | | | |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO TEATH | ONSET AND DEATH | | | |
| | 134 IMMEDIATE CAUSE (A) POON Sure 146 | massicher I depu | | | |
| | ANTECEDENT CAUSE(S) DUE TO | | | | |
| | DISEASES OR CONDITIONS, IF ANY, (B) | S- MARKEND STORES | | | |
| | STATING UNDERLYING CAUSE LAST. DUE TO | 17912 | | | |
| | (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | |
| | TO THE DEATH BUT NOT RELATED TO THE | | | | |
| | DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | | | | |
| 1 | DE. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES NO | | | |
| | 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21 | Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State) | | | |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | | | | |
| | 2 Id. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while | TI. HOW DID INJURY OCCUR? | | | |
| | M, et work et wark | | | | |
| | 22. I hereby certify that I attended the deceased from | 1970 to ASM/ 19, 2 Chat I last saw the deceased | | | |
| | | M, from the causes and on the date stated above, | | | |
| × | SIGNATURE / / | ADDRESS (Street, city, town, state) DATE SIGNED | | | |
| 2 | HILLEN M NEWWOOM | TI Japanin 1-0-5% | | | |
| Ċ | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C | CREMATORY LOCATION (City, lown, or county) (Stele) | | | |
| A.15(| Burial 1-10-56 Jesops Meth | nodist Sparks. Md. | | | |
| 2 | 24, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 250FUNSRAL DIRECTOR'S SIGNATURE ADDRESS | | | |
| 1 | DATE + Stantan Stan mesting | I least Beach I have in Mid | | | |
| | THE MEN TO THE MENT OF | THE WORLD WITH A COURT OF THE COURT | | | |



BUREAU V. S.

OBVED SE

CERTIFICATE OF DEATH

| correct | 236 | CERTIFICATE OF | DEATH | Reg. Dist. No |
|--|--|--|--|--|
| y every item of information carefully. The corre | 1. PLACE OF DEATH: COUNTY Officers CITY (If cuiside corporate limits, write RU OR and give nearest town) TOWN ACCUPATION OR STREET ADDICES OF STREET ADDI | MARYLAND STAT RAL LENGTH OF STAY (in this place) CITY OR TOWN STRE ADDIT (Midgr) (Last) | COU (If only de corporate liminate) (If only de corporate) (If only de corporate) | of DECEASED: NTY te, write RURAL and give nearest town) (rural, give/location) trust our (Month) (Day) (Year) |
| Supply every | 18. Was Deceased Eyea In U.S. Armed Forces? 1 (Yes, no, or unk.) (If Yes, give war or dates of service) | 6. SOCIAL SECURITY NO. 17. INFORM OROGINA 18. MEDICAL CERTIFICA | 27 Dame | la Chestrut Ov? |
| UNFADING INK. Physicians: please | DUE TO | Ading to DEATH: Cerebral secident | Checond hence | INTERVAL BETWEEN ONSET AND DEATH 5 |
| , WITH nportant | II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing de 19a. DATE OF OPERATION: 19b. MAJOR FI | ndings of operation: o removel at Sinai | Tos~it 11 | 20. AUTOPSY? Yes No |
| PLAINLY especially in | SUICIDE NOTATION OF INJURY NO INJURY M. | office bldg of 17 y 110 INJURY OCCURRED HOW While at Not while work at work not | on injury occura | (COUNTY) (STATE) |
| WRITE age is | 22. I hereby certify that I attended the alive on I = 5 in =, 19 6, and the start APURE | that death occurred at II. 50.4 (DEGREE OR TITLE) ADDR | Am., from the caus | es and on the date stated above. DATE SIGNED TOUR I-II-56 |
| PLEASE | DATE REC'D BY LOCAL REGISTRAR'S SI | 6 Moreland Me | EMATORY LOGATION PARTIES AND LOGATION OF THE PARTIES AND L | kville MS kville MS 2 814W36 Phatrices. |
| | // / | O.C. B. | dunore M | Od. |

VS. A15 8-51

MARGIN RESERVED FOR BINDING

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VS A15C 1-55 10M

9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

237 CERTIFICATE OF DEATH 00223

Reg. Dist. No...

| I. PLACE OF DEATH | | Z. USUAL RESIDER | CE (HOME) OF DECEMB | 6.0 |
|--|--------------------------|----------------------------------|-----------------------------------|---|
| COUNTY Baltimore | MARYLAND | STATE Maryles | ad county del | timore |
| CITY (If outside corporate limits, write RURAL | LENGTH OF STAY | CITY (If outside corpore | nie limits, wate RURAL end give a | earest town) |
| OR end give nearest town) Victory Villa | (in this place) | TOWN Victor | ry Villa | >. |
| HOSPITAL OR | | STREET | (If rural give location | n) , |
| STREET ADDRESS 19 E. Hickham | Road | ADDRESS 19 E. | Hickham Moad | |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) | (Dey) (Year) |
| DECEASED WANDA RA | E CLAF | | DEATH Jan. | 2, 1956, |
| 5. SEX 6. COLOR OR 7. SINGLE, MARR WIDOWED, DI | | F BIRTH 9 | | ER 1 YEAR IF UNDER 24 HR |
| Female white (Specify) Sin | n le lay l | 9, 1955 | yrs. Months | Deys Hours Min. |
| | ND OF BUSINESS | 11. BIRTHPLACE (Stelle or foreig | n country) | 12. CITIZEN OF WHAT COUNTRY? |
| retired) None | | Raltimore | . Maryland | U.S.A. |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | |
| Lloyd Harlan Clarke | | Luverna | G. McGinnis | |
| | S. SOCIAL SECURITY NO. | 17. INFORMANT & A | DDRESS | |
| (Yes, no, or unk.) (If Yes, give wer or detes of service) | Mone | Lloyd Harls | an Clarke 19 E | . Hickham Io. |
| | 18. MEDICAL CER | TIFICATION | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | + 12 | | | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) | there 6/ 1/ | cillingeloc | Statuthelipa | Z/ |
| ANTECEDENT CAUSE(S) DUE TO | 8 1 | 1 1 section | Apontancion | 1 |
| DISEASES OR CONDITIONS, IF ANY, (B) | edrecepha | Levy and file | eragotek Coz | ructal |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | | 1 1 | |
| STATING CAUSE CAST. | , | | // | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 190. DATE OF OPERATION 196. MAJOR FINDINGS | OF OPERATION | | | 20. AUTOPSY? |
| 21e, ACCIDENT WAS UNDERLYING 21b. PLACE (Hom | e form lectory | Ric. WHERE DID INJURY OCCUR | ? (City or town) (Co | YES NO [] |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, IF EITHER, NOTIFY MEDICAL EXAMINER) | | THE PROPERTY OF COM | , tenk or rount) (mo | (and the state of |
| | INJURY OCCURRED | 21f. HOW DID INJURY OCCUR | ? | |
| M. at w | le Not while ork et work | | | |
| 22. I hereby certiff that I attended the dece | sed from Coloker | 10.25 10 Vacca | 7 19 V 6 , that | I last saw the decease |
| alive on 3/ Atte , 19 5 , and | Ab-A | -3 P W 1/2 12- | | 4-4 -L |
| BIGNATURE AND | i inai deain occurred ai | | ESS (Street, city, town, state) | DATE SIGNE |
| The carlo Thursday | 6 | 19 Philade | Pales X1 | DATE SIGNE |
| 23. BURIAL CREMATION, DATE THEREOF | M.D. /C | CREMATORY | AOCATION (City, town, or cour | nly) (Stete) |
| REMOVAL (SPECIFY) | | 4 | | - |
| / entoval Jan. 3, 191 | | 1 25. FUNERAL DIRECTOR'S S | Margantown, W | ADDRESS |
| 13 N / 13001 //h. | 1 1/6/1 | | | Day 7 Charact |
| DATE Mrs. 6d | th Aurley | WILLIAM COOK | , Inc. 1217 St | . raul Street |



The correct age PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDIN PLEASE WRITE

| 233 | FOR MEDICAL | EXAMINERS | Reg. Dis | t. No. |
|--|--|--|-----------------------------|---|
| 1. PLACE OF DEATH, COUNTY Baltinu | MARYLAND | 2. USUAL RESIDENCE STATE | (HUME) OF DECEASED. | UNTY - 1/4 |
| CITY (If outside corporate limits, write RURA) OR give nearly town | | CITY (If outside correction) OR TOWN | rate limits, write RURAL | nd give nearest town) 711 E.Lafayette |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | him Har | ADDRESS SHA | (If rughl, give locate | on) |
| 3. NAME OF DECEASED (Type or Print) | the colonidate | (I.a.) | 4. Dore (Month | (Year) |
| | 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) | Wol Purou | 9. AGE last birthday Il 1 | under I year If under 24 hr mihs Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of war king life, even if retired) | 10b. KIND OF BUSINESS OR | II. BIRTHPLACE SGL | | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME NAME | nn | 14. MOTHER'S MAIDE | Rum | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | TW Kaley | ADDRESS 68 | bldRd |
| 1. DISEASES OR CONDITIONS DIRECTLY L | 18. MEDICAL CE | RTIFICATION | 1 | INTERVAL BETWEEN ONSET AND DEATS |
| 7 Immediate cause (a) | Card | as fall | in- | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause less | Eneralized, | Litersch | wis | AA AMAA AA |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | Daniel | 3 | 11111 | 1 |
| related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FI | | line lef | Trip | 20. AUTOPSY? |
| PRIMARY FOR CONTRIBUTING OF | E. (Home, farm, factory, street, office bidg., etc.) | CITY OR | TOWN) (COU | Yes No D |
| TIME (Month) (Day) (Year) (Hour) OF | NJURY OCCURRED While at Not while | HOW DID INJURY O | CCUR? | llo md |
| 22. I certify that I took charge of the remain | work at work at work at an A | Monsu Inspection | V. Inquiry Otherson | and from the evidence |
| obtained by said Autopsy, Inspection or from: natural causes [1] accident | Inestity, find that said decei | ased died on the dry sta undetermined | led above, and death in | my opinion resulted DATE SIGNED |
| Ver Mieffer | Me Star | -Ballico | 010 Keeds | an 8 51 |
| 23. BURIAL. CREMATION DATE TO EREOF REMOVAL (Spreify) | 56 LT JOHNS | tem . PARKVILLE | BALTO F | 11 |
| DATE BEC'D BY LOCAL REGISTRARS'S | Edrich | PHUL A. HECO | MANIN LOET | HARFORD K |
| / | 82. | | | |



15 WAS DECEASED (Yes, no, or unk.)

11. OTHER SIGN

5. SEX: MALE Ioa. USUAL OCC

| MADVI AND STATE DEDARTMEN | T OF UPALTH DALTIMODE 10 |
|---|--|
| MARYLAND STATE DEPARTMEN | 110225 |
| 239 CERTIFICATE | OF DEATH Reg. Dist. No |
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY BALTIMORE MARYLAND | STATE MARY LAND COUNTY BALTO |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) ONES CREEK 2 | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALIT |
| STREET ADDRESS CARROLL MANOR HOME | STREET (If rural give location) ADDRESS 34 PORT SHIP |
| 3. NAME OF DECEASED: (Type or Print) ASA. (Middle) S. CO | (Last) 4. DATE (Month) (Day) (Year) OF DEATH: JAN 15 1956 |
| MALE WIDOWED, DIVORCED, (Specify) WIDOWED JULY | 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. S, 1867 S yrs. Months Days Hours Min. |
| work done during most of working life, even if retired): HEATES 10b. KIND OF BUSINESS OR INDUSTRY: STEEL CO | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| 3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| ASA S COLLING 15 WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No.: 17. | SARAH DRUITT INFORMANT & ADDRESS: |
| Ver no on mak \1 /16 Ver cine mak on July of | RS. ETMEL OBERLE 34 PORTSHIP |
| 18. MEDICAL CERTIFICATION | Interval Between |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Mului Cl | erster Cardio- UBSCULAX (124) |
| Antecedent causes (s) Diseases or conditions, if any, evine view to the above causes (b) | |
| stating the underlying cause last. DUE TO | |
| 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY 1 |
| I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) HNJURY OCCURED While at Not While INJURY m. Work At Work | HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from NOV. | 1953, to Jaw / , 1956, that I last saw the deceased |

alive on AMI SIGNATURE and that death occurred at (Degree or title)

, from the causes and on the date stated above.

BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF

NAME OF CEMETERY

LOCATION (City, town, or county)

1956 DATE REC'D BY LOCAL BEGISTRAR

MORE FUNERAL DIRECTOR MO ADDRESS

ULL RICH FUNERAL HOME LINIO ZECAIR.

A15 VS.



18

| | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 00000 |
|-----------------|---|--|---|
| | 4 | 240 CERTIFICATE OF DEATH Reg. Dist. | No. 37 |
| | K. Supply every item of information carefully. write the causes of death clearly and legibly. | COUNTY DALTING WITH ARRIED. COUNTY DALTING COUNTY | d give nesrest town) G (Year) O 195 (|
| ITH UNFADING IN | , WITH UNFADING IN ant. Physicians: please | (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL GERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE OUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | NILLS WILLS WENTERVAL BETWEEN ONSET AND DEATH 2 422 , |
| | OR WRITE PLAINLY, W | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 21B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while While at work at work 19 Town, 19 Tow | |

PLEASE TYPE A15-10-53

Š

corr

MARGIN RESERVED FOR BINDING

last saw the deceased , 19 5%, and that death occurred at 5 a. M. from the causes and on the date stated above.

ADDRESS

DATE SIGNED alive on ...

M. D LOCATION (City, town, or county) BURIAL, CREMATION,



σż

evileau v.

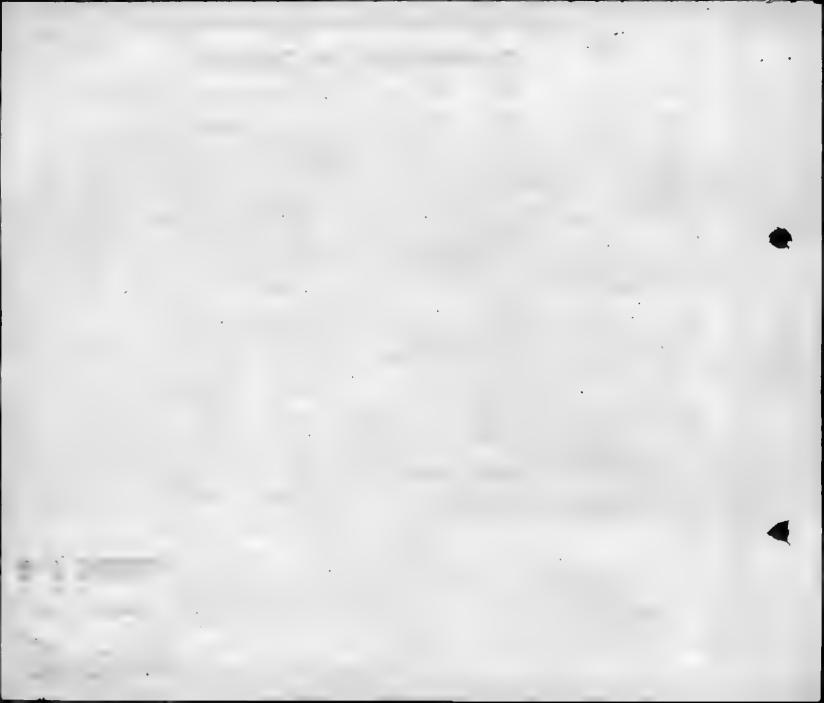
, E E.

198

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

| this this | | MARYLAND STATE DEPARTMEN | IT OF HEALTH-BALTIMORE, 18 | 0.000 |
|--------------------------|------------------|--|---|-------------------------------------|
| o to | 7 | 198 | | 00228 |
| fh. A | ا م | CERTIFICATE | OF DEATH | |
| -P-P- | A is | Item C. Filmg: 71 1-26-56 et | Reg. Dist. | No |
| after hi | | I. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| 10 m | | COUNTY SALID MARYLAND | STATE SA COUNTY | |
| 72 hours | | CITY (It outside corporate limits, write RURAL OR end give-meers) lown In TOWN In this place | CITY (If outside corporate limits, write RUPAL and give near OR TOWN | ist lown) |
| Z je | | HOSPITAL OR | STREET (If rure) give location) | • |
| within | | STREET ADDRESS \$ 221 BULLNECK Kg. | ADDRESS | |
| | | 3. NAME OF (First) (Middle) | (Lest) 4. DATE (Month) OF | (Dey) (Yeer) |
| registrar by the | | (Type or Print) 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF | F BIRTH 1 72 9. AGE lest burthdey IF UNDER | 19 5/2 1 YEAR THE UNDER 24 HRS. |
| | | FEHA. IN PACE WIDOWED, DIVORCED, Specify 1) DAM | 19. 19431 83 yrs. Months | Deys Hours Min. |
| the the | | 10e. USUAL OCCUPATION (Give kind of work done during most of working life, gven if OR INDUSTRY | 11. BIRTHPLACE (State of foreign country) 12. | |
| ¥ € | permit. | retired) ff 113 E will F F | " PENNA | COUNTRY? A |
| filed lely | | 13. FATHER'S NAME | 14. NOTHER'S MAIDEN NAME | |
| ate be fill completel | transit | 15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS | |
| Po 1.3 | (0) | (Yes, ne of unk.) [If Yes, give war or dates of service] | MRS. Was. M. SMALL " | - SAME |
| ertifi and | Duri | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| Eig. | 95 9 | 4 co. O IMMEDIATE CAUSE (A) anterio Sch | Penotic heart disease | ONGCI AND OCATI |
| death | 5 | ANTECEDENT CAUSE(S) DUE TO | 0. 1: | 7 |
| that the | P | DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO | Cardio vasadas disense | 2 ys 215 |
| s tha | etached | (C) ()) Missing Coming (Ma | thilis | |
| | letac | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 18 | Ö | 194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| i e i | 1 | 21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factory, 2 | 1c. WHERE DID INJURY OCCUR? (City or town) (Coun. | YES NO |
| | Pinod∎ | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street, office bidg., etc.) | tentile in the second feel of | *) (2(e/a)) |
| | allembiy | 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED Yhile Not while at work at work | 211. HOW DID INJURY OCCUR? | |
| | e e | 22. I hereby certify that I attended the deceased from # # | , 1953, to 1-15, 1956, that I | last savethands and |
| , = 0 | Ф | | M, from the causes and on the date stated | |
| has | certifical | & SIGNATURE | ADDRESS (Street, city, town, stele) | DATE SIGNED |
| FUNE Certificate | | 23. BUNIAL, CREMATION, ATTHEREOF NAME OF CEMETERY OR | | ila, md |
| 5 te | death AtSC 1- | BURIAL 1-14-56 TRINITY | FRIE PK | NNA |
| 5 | Ys | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
| | | DATE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Kipilla Burke Hadley 1 H | endolf Hyll |
| | | | , | 1 |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

DVAMINED'S OFDITHICATE OF DEATH

| MEDICAL EXAMINER'S CER | TIFICATE OF DEATH No. 50 |
|--|---|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY Baltimore MARYLAND | STATE Maryland COUNTY Baltimore |
| CITY (If outside corporate limits, write RURAL OR and give pearest town) TOWN BOTING LENGTH OF STAY (In this place) 20 yrs. | CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Boring |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) ADDRESS |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| DECEASED: (Type or Print) Florence L. Cui | llison DEATH Jan. 10 1956 |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT | E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. |
| Female Write Widowed, Divorced, July | y 7, 1881 74 yrs. Months Days Hours Min. |
| work done during most of work life, even if retired) HOUSEWOYK OWN home | R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Kinsey B. Myers | Mary C. Rawlings |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES IL 16. SOCIAL SECURITY NO : 1 | 17. INFORMANT & ADDRESS: |
| (Yes, no, or unk.) (If Yes, give war or dates of no service) none 212-34-1436B | Edgar P. Cullison, Boring, Md. |
| In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Coronary Occlus DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (e) | |
| 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: none none | 20. AUTOPSY? Yes \(\text{No } \(\text{X} \) |
| ZIa. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF Street, office bldg., etc CAUSE OF DEATH. NONe INJURY NONe | |
| CAUSE OF DEATH. NONE INJURY NONE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY NONE □ Not while Not while INJURY NONE □ Not have □ | 21f. How DID INJURY OCCUR? |
| find that death resulted from: Natural causes X, Acci SIGNATURE 23. HURIAL, CREMATION. DATE THEREOF NAME OF CEMETER REMOVAL (Specify): | bed above, held an Autopsy , Inspection K Inquiry H, and dent , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Jan.11,1956 RY OR CREMATORY LOCATION (City, town, or county) (State) Balto, Co., Maryland |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 17-56 M and 5 2 me. | 24. FUNERAL DIRECTOR ADDRESS Edw. C. Tipton, Hampstead, Md. |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING A15A - 5 - 53 VS.

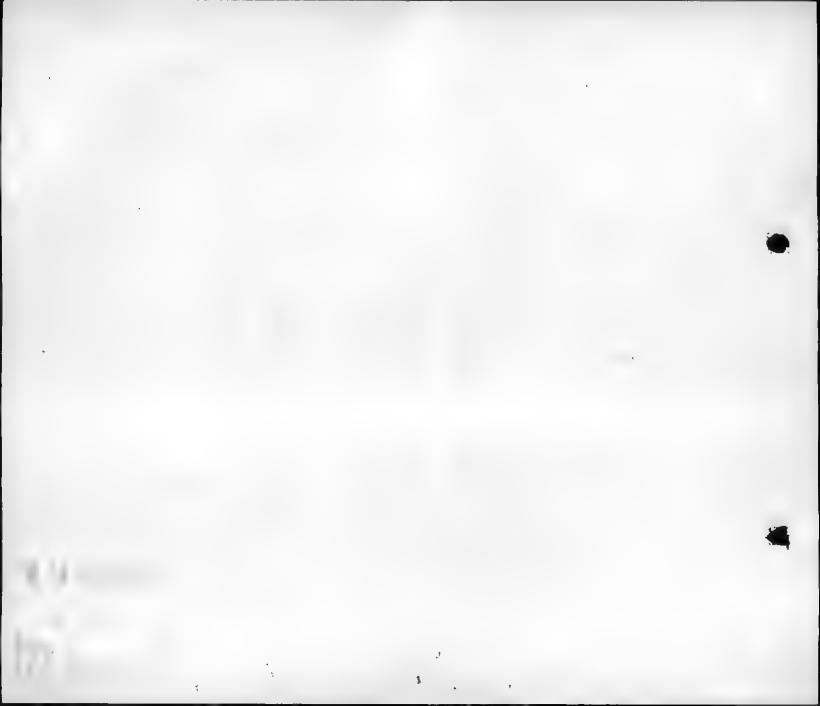
The correct

BUREAU V. S.

9961 **61 NA**L

DECEINED .

HEALTH—BALTIMORE, 180230 MARYLAND STATE DEPARTMENT OF CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED legibly COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write, RERAL and give nearest town) and give nearful town) and (in this place) OR information TOWN TOWN clearly HOSPITAL OR STREET give location) INSTITUTION OR **ADDRESS** STREET ADDRESS (First) (Middle) 3. NAME OF (Last) DATE (Month) (Day) (Year) death of. DECEASED a. 11 (Type or Print) 0 DEATH: 19 item COLOR OR 17 SINGLE, MARRIED 8. DATE OF BIRTH! 9. AGE last birthday IF UNDER TYEAR WIDOWED, DIVORCED. RACE. of Months Hours au (Specify); every causes IOA. USUAL OCCUPATION (Give kind of, 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR. INDUSTRY even If retired); BINDIN Supply 0 MOTRER 14. MAIDEN th write ARMED FORCEST IS. BOCIAL SECURITY NO. 17. INFORMANT & ADDRESS M (Yes, no, or unk.) (If Yes, give war or dates Z of service) ease C 18. MEDICAL CERTIFICATION MARGIN RESERVED DIN 70 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 170 X sicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) Phys HL GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. ≶ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. AIN 19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? - heins ma YES T NO F PL 21A ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory 21c. WHERE DID (City or town) (County) (State) RITE OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? × While Not while OF INJURY 87 民 0 22. I hereby certify that I attended the deceased from , 19 76 to Jan 12, 1952, that I last saw the deceased 国 d AM, from the causes and on the date stated above. alive on J. A.h. 1/ , 19 5 4 and that death occurred at 3 ρ. SIGNATURE ADDRESS DATE SIGNED M D 図 23. BURIAL. CREMATION NAME OF GEMETERY OR CREMATORY LOCATION (CIM. town, or county), REMOVAL. <0° DATE REC'D BY LOC REGISTA DIRECTOR REGISTRAR



244

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

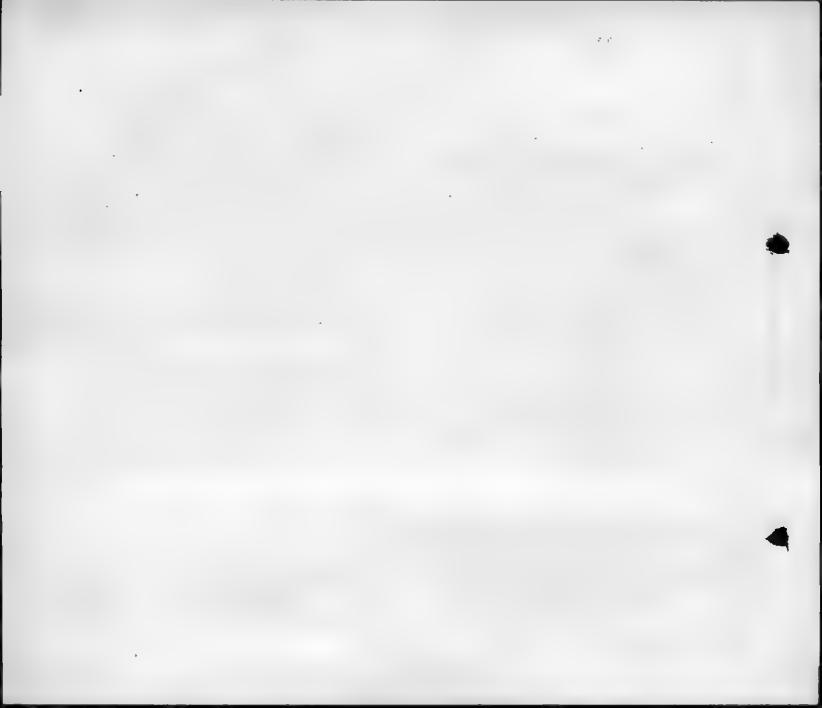
00231

| N 4 4 | Reg. Dist. No |
|--|--|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
| COUNTY / W// MARYLAND | STATE COUNTY |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY (in this pleca) | CITY (If outside exporate limits, write RURAL end give neerest town) OR TOWN |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS TULK SIE 4/0122 E | STREET (If rurel give location) ADDRESS |
| 3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print) Af 1918 E. M.U. | (Lest) 4. DATE (Month) (Day) (Year) OF DEATH / - 20 19 5% |
| | OF BIRTH 9. AGE Less birthday IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min. |
| 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OR INDUSTRY | 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yas, no, or unk.] (If Yas, give war or detes of service) | 17. INFORMANT & ADDRESS. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) RCINOM | aloses University of the second of the secon |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) CO CO CO CO CO CO CO CO CO | - leve (breman). Cuknown |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | wers, Generalized Curnor |
| 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, fettin, factory, | - abdaninal carrly YES NO Y |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | 21c. WHERE DID INJURY OCCUR? [City or town] (County) (State) |
| M. While Not white | 21. HOW DID INJURY OCCUR? |
| | 1926, to 1926, that I last saw the deceased |
| alive on 1956 and that death occurred a | ADDRESS (Street, city, town, state) DATE SIGNED LUTURS IN LA 79 MA 1-20-5 |
| 23. BURTAL, CREMATION, REMOVE LIPECIFY) DATE THEREOF NAME OF CEMETERY OF CEME | R CREMATORY LOCATION (City, town, or county) (Stata) |
| 24. REC'D BY REGISTRAR REGISTRAY'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED legibly Baltimore COUNTY COUNTY MARYLAND STATE CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY If outside corporate limits, write RURAL and give nearest town) (in this place) and and give Bearest town OR information Catonsville TOWN TOWN (If rural give location) early STREET HOSPITAL OR INSTITUTION OR 5743 Edmondson Ave. **ADDRESS** Edmondson Ave. ಪ (Middle) (First) (Last) 4. DATE (Month) 3. NAME OF (Day) (Year) death DECEASED: OF 19 56 DAVIS GRACE DEATH Jan. 4. (Type or Print) item 6. COLOR OR | 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRs. WIDOWED, DIVORCED. RACE: Months | Days Hours ! 70 (Specify): single June 1. IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? even if retired): Md. Homemaker home Supply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: the Wm. T. Davis Sarah Haines 17. INFORMANT & ADDRESS: Linthicum, Md. IS WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. Y. (Yes, no, or unk.) (If Yes, give war or dates Mr. Joseph S. Davis, Sr. 18 Forest View Rd Z se 18. MEDICAL CERTIFICATION ea INTERVAL BETWEEN O Ž I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 75 DI Cerebro orgenlas 63 IMMEDIATE CAUSE Sician DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, Phys MARGIN GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) 3 nt. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING importar TO THE DEATH BUT NOT RELATED TO THE PLAINLY DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 21A ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, factory., 21c. WHERE DID (City or town) (County) (State) RITE OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc., INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) While Not while ; OF INJURY at work at work .02 α 22. I hereby certify that I attended the deceased from Dec 27, 19 53, to Jan 7, 19 6, that I last saw the deceased 0 [2] . 1956, and that death occurred at 4:304, M, from the causes and on the date stated above. TYPI alive on orrect DATE SIGNED SIGNATURE ASE LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION. DATE THEREOF REMOVAL (SPECIFY) Burial Woodlawn Cem. Woodlawn, Md. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01401 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: Salturere Maryland State Waryland County Baltumore

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| 1 | na | HOSPITAL OR | STREET (If rural rive location) | |
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| Mr. | Information clearly and | if in citar sicil Herfilai | Sterwood Road | |
| | of i | 3. NAME OF (First) (Middle) () | Last) 4. DATE (Month) (| Day) (Year) |
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| | E 4 | 5. SEX. 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE | OF BIRTH: 9. AGE last birthday IF UNDER 1 | |
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| 7 | Supply te the c | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | 71. 3, 77. |
| Z | u p | - Garge Thomas Davis | P . 12. | |
| 严 | 04 E | 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SECURITY NO. | Carrie Rinney | |
| FOR BIND | rK. Su write | (Yes, no, or unk.) (If Yes, give war or dates | 17. INFORMANT & ADDRESS: BOX 21: | 3 B |
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| | - S | OF INJURY While Not while | 21F. HOW DID INJURY OCCUR? | |
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| 60 10 | E | alive on 1-28- 1957 and that down | O Processing | saw the deceased |
| * | TYPE rect ag | alive on /- 2f -, 1956, and that death occurred at | ADDRESS | stated above. |
| 2 | | William no | ya. | E SIGNED |
| | SE TY | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER | o. Wount Wilson Wary Jan | |
| ^ | 44 | NAME OF CEMETER | Y OR CREMATURY LOCATION (City/shows | -country) . (State) |

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. .. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore STATE Maryland COUNTY MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) TOWN Fort Howard 28 Days TOWN Baltimore HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Veterans Administration Hospital 3111 N. Charlos Street (First) (Middle) 3. NAME OF 4. DATE (Month) (Year) DECEASED: (Type or Print) JAMES DEANE (ALSO: DEAN DEATH: January 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR | IF UNDER 44 HRS. WIDOWED, DIVORCED. RACE: Months | Days Hours (Specify) : Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT even if retired): Salesman COUNTRY? East New Market, Md. U.S.A. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Frank H. Deane Emma Vane IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes. no. or unk.) (If Yes, give war or dates of service) ON Yes Clin.Rec. Vet. Adm. Hosp. Ft. Howard, Md. Unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH MASSIVE GASTROINTESTINAL HEMOPRHAGE UNKNOWN (A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) MULTIPLE GASTRIC ULCERATIONS UNKNOWN DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING YEAR TO THE DEATH BUT NOT RELATED TO THE BENIGN PROSTATIC HYPERTROPHY DISEASE OR CONDITION CAUSING DEATH. 1 YEAR 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? SUPRAPUBIC PROSTATOCYSTOTOMY YES T NO 21A. ACCIDENT WAS UNDERLYING . 21B. PLACE (Home, farm, factory, 21c, WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while r OF INJURY at work at work 22. I hereby certify that Tattended the deceased from Dec. 31, 1955, to Jane, 28, 1956, that Tattended the deceased from Dec. SIGNATURE DATE SIGNED VAH. Fort Howard, Md. DONALD D. MARK M. D. LOCATION (City, town, or county)



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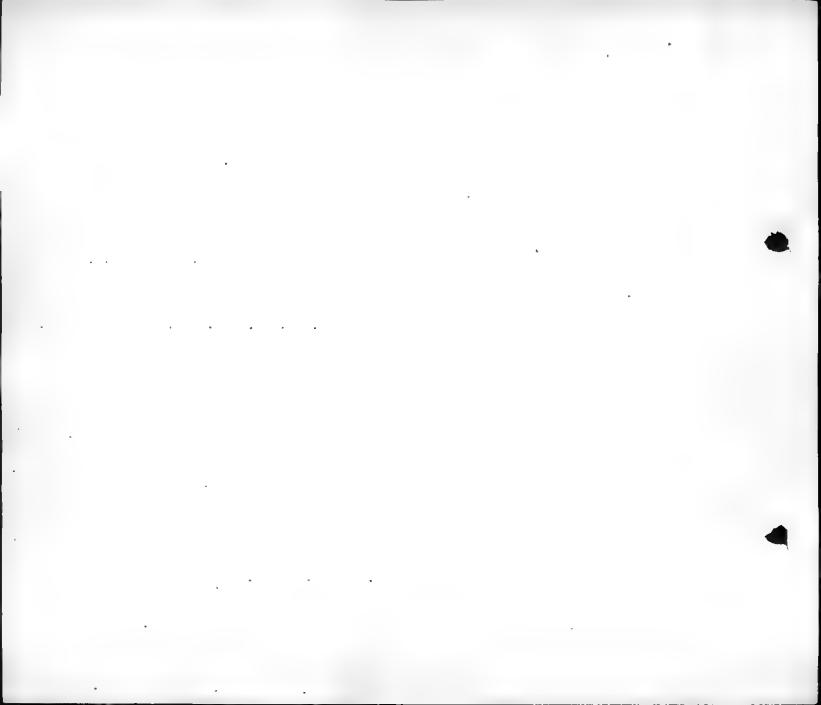
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108 W. North Ave. Baltimore.

23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOVAL (SPECIFY) Woodlawn, Maryland Woodlawn Cemetery 24. FUNERAL DIRECTOR
Stewart & Mowen Funeral Home REGISTRAR'S SIGNATURÉ DATE REC'D BY LOCAL



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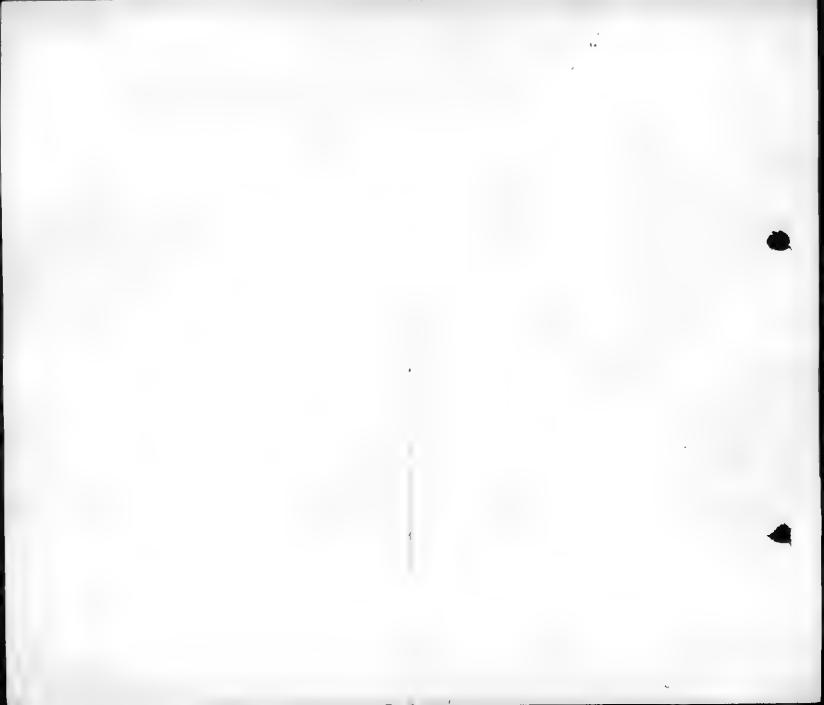
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| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY |
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| 22. I hereby certify that I attended the deceased from . 1917, to pear 15, 1916 that I last saw the deceased |
| alive on alive on 19.6, and that death occurred at 1.5 A M, from the causes and on the date stated above. |
| SIGNATURE ADDRESS . AATE SIGNED |
| akam yours |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNEBAL DIRECTOR ADDRESS |
| BEGISTRAR - 50 AND SECTION DUPEL BUS 7110 BELAIN KD |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. Baltimore Maryland Baltimore COUNTY MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate ilmits, write RURAL and give nearest town) and give nearest town) (in this place) and OR information TOWN TOWN Towson Towson (If rural give location) HOSPITAL OR STREET clearly INSTITUTION OR **ADDRESS** 105 Ware Avenue STREET ADDRESS 105 Ware Avenue (First) (Middle) (Last) 4. DATE (Month) 3. NAME OF (Year) death DECEASED January 2. DETCHELMANN (Type or Print) AUGUST DEATH: item B. DATE OF BIRTH 16. COLOR OR . 7. SINGLE, MARRIED. 9 AGE last birthday! IF UNDER WIDOWED DIVORCED. Months | Days of, Hours December 3, 1872 Male causes every USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRYTISA work done during most of working life. OR INDUSTRY: even if retired): Painter Self employed Germany Supply 14. MOTHER'S MAIDEN NAME: ۵ 13. FATHER'S NAME: Resina Messler Arnold Detchelmann 17. INFORMANT & ADDRESS: Wri IS. WAS DECEASED EVEN IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes. no, or unk.) (If Yes, give war or dates of service) NON® Mrs. Thomas Hawkins, Balto., Md. None Z 91 18. MEDICAL CERTIFICATION ڻ INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Ž ONSET AND DEATH ä. IId CARCINOMA OF PROSTATE ₹ cians: IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) Phys GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) 3 IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINL DISEASE OR CONDITION CAUSING DEATH. 18A. DATE OF OPERATION: I 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: YES [P.L. 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) 21A ACCIDENT WAS UNDERLYING (County) (State) RITE OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? IIF EITHER, NOTIFY MEDICAL EXAMINER) While Not while 210 TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 3 OF INJURY at work at work 97) 2 I hereby certify that I attended the deceased from con 19.5 %, to . 1956, that I last saw the deceased 0 65 alive on 24. 3/, 1955, and that death occurred at 4 M, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED 臼 LOCATION (City, town, or county) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY (State) ASI REMOVAL (SPECIFY) Holy Redeemer Cemetery Baltimore, Maryland Jan. 6, 1956 Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AL DIRECTOR **ADDRESS**

REGISTRAR

Towson, Maryland

"An hour of

MARYLAND STATE DEPARTMENT OF HEALTH

00236

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

| Itom 13 Film@192 2-21-56 et | Reg. Dist. No |
|--|--|
| 1. PLACE OF BEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED |
| COUNTY Callengue MARYLAND | STATE MAN COUNTY OF DEAL |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corpdrate limits, write RURAL and give nearest town) |
| OR give nearest town Calellante (in this place) | OR TOWN |
| HOSPITAL OR | STREET (If rural give ionation) |
| INSTITUTION OR STREET ADDRESS /805 | JAPORESS Selma ane. |
| 3. NAME OF (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) (SERALD) MICHAEL | L TELIMANT DEATH AN 31 1956 |
| 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWEDD, DIVORCED, | 8. DATE, OF BIRTH 9. AGE last birthday If under 1 year II under 24 hrs. |
| (Specify) // sky self | Oct-31-1875 To Vyrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of done during thost of working life) even if retired Lindustry | 11. BIRTHPLACE (State or foreign country) 12. Citizen of What Country? |
| 3. FATHER'S NAME | wo. A |
| Thomas Delihant | 14. MOTHER'S MAIDEN NAME |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17/INFORMANT |
| (Yes, no, or unknown) (If yes, live war or dates of 215-09-0997 | of the state of th |
| | ERTIFICATION CULTURE TO THE CONTROL OF THE CONTROL |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | Interval Between |
| | ONSET AND DEATH |
| Hadd Immediate cause (a) Clearer | Cotells e 1 3da |
| and the second of the second o | a (for morrhage |
| Antecedent cause(s) Diseases or conditions, if any, (b) | VI or andita 11mm |
| giving rise to the above cause stating the underlying cause last | let all and the side here |
| (c) -0/2 2 2 2 | Le Ci |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | 2 elements it the |
| Conditions contributing to the death but not related to the disease or condition causing death. | el Emous Man 13440 |
| 192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 0 | Yes No Z |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| HOMICIDE | • |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR? |
| INJURY m. Work At work | 1 |
| 22. I hereby certify that I attended the deceased from | 1923., to 31, 19.5, that I last saw the deceased |
| alive on 1911, 1926, and that death occurred at | ADDRESS DATE SIGNED |
| SIGNATURE (Degree or title) | ADDRESS DATE SIGNED |
| ship As Brandon all | 1/ 39 My : AST Ellpridge 27 mg |
| BURIAL, CISEMATION DATE THEREOF WAMP OF CEMETE | RY OR OREMATORY (LOCATION (Gity, town, or founts) / (State) |
| CREMOVAL (Specify) Tel: 3-72 Kell (4) | e Hoken Hedonich, Rd |
| DATÉ REC'D BY LOCAL PRÉGISTRAR'S SIGNATURE | 24. FUNERAL DIRHCTOR ADDRESS |
| REGISTON 256 Les Keatolas | Spelande Bary 5646 Carrello) (hu |
| | |

A CITE

9917 :

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

249

CERTIFICATE OF DEATH

Reg Dist No.

| | Reg. Dist. No. | | | | |
|---|---|--|--|--|--|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | | |
| COUNTY Balto. Co. MARYLAND | STATE Md. COUNTY Balto. | | | | |
| CITY (If outside corporate limits, write RURAL on and give nearest town) TOWN RUKTON | F STAY CITY If outside corporate limits, write RURAL and give nearest town) | | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 7912 Ruxway Rd. | STREET (If rural give location) ADDRESS 711 Morningside Drive | | | | |
| 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day) (Year) | | | | |
| | DEPKIN DEATH: Jan. 15, 19 56 | | | | |
| RACE: WIDOWED, DIVORCED, | DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 22 HRE. Months Days Hours Min. | | | | |
| work done during most of working life. even if retired: Housewife at Home | NESS II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13 FATHER'S NAME | 14. MOTHER'S MAIDEN NAME: | | | | |
| Herman Gohlinghorst | Unknown | | | | |
| IS. WAR DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY | No. 17. INFORMANT & ADDRESS: Drive, Towson, Md. | | | | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | Mrs. Dorothea G. White-711 Morningside | | | | |
| 18. MEDICAL CERT | TIFICATION INTERVAL BETWEEN | | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT | Boute ONSET AND DEATH | | | | |
| 1 | ardicis curonic viba faigure 7 | | | | |
| ANTECEDENT CAUSE (S) | | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) LOGO DUE TO | rtrophy myocardian to my | | | | |
| (c) Cong | estion of lungs 7 | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | nnsed are. | | | | |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPE | ERATION 20. AUTOPSY? | | | | |
| none no ope | V 75 1 | | | | |
| 21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (if either, notify medical examiner) | | | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | | | | | |
| 22. I hereby certify that I attended the deceased from NV 6-, 1955, to 1-10-, 1950, that I last saw the deceased | | | | | |
| alive on I-I'-, 1996,, and that death occur | rred at La . 10M, from the causes and on the date stated above. PADDRESS DATE SIGNED Jan | | | | |
| James Traham manton. | | | | | |
| HEMOVAL (SPECIFY) | CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) | | | | |
| | n Park Cem. // Balto. Md. / | | | | |
| DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE | address Address | | | | |

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians:

-10 - 53

VS. A15 -

The

Supply every item of information carefully.

plemme write the causes of death clearly and legibly.



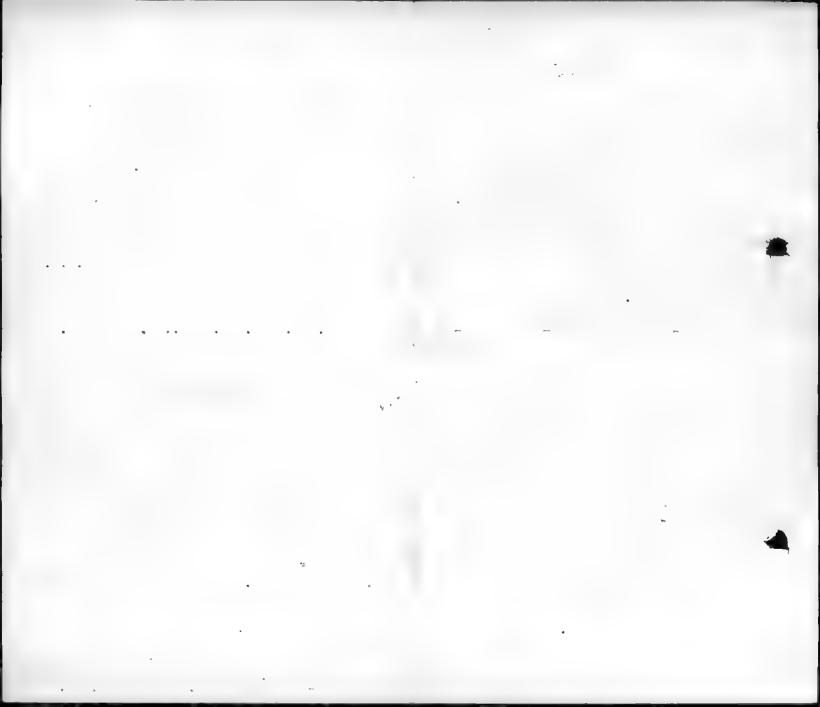
BUNEAU V. A.

3961 61 NVC

BECEINEU

VS. A15-10-53

| 1 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 00239 |
|--|---|----------------------|
| X | CERTIFICATE OF DEATH Reg. Dist. | No. |
| ۶, ۲, ا | 1. PLACE OF DEATH) 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| carefull legibly. | COUNTY BALTIMORE MARYLAND STATE MARYLAND COUNTY | |
| Cal | CITY (If outside corporate limits, write RURAL LENGTH OF STAY) CITY(If outside corporate limits, write RURAL a | nd give nearest town |
| tion | OR and give nearest town) TOWN FORT HOWARD OR TOWN BALTIMORE OR TOWN BALTIMORE | |
| ma | HOSPITAL OR STREET (If rurai give location) INSTITUTION OR ADDRESS | |
| nforma | STREET ADDRESSVETERANS ADMINISTRATION HOSPITAL 1610 DRUID HILL AVENUE | |
| f in | | ay) (Year) |
| m of i | (Type or Print) RALPH F. DIXON DEATH JANUARY I | .5, 1956 |
| ite | MALE COLORED (Specify) MARRIED April 19. 1898 57 yrs | Hours Min. |
| causes | IOA USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS II, BIRTHPLACE (State or foreign country): 12. | STIZEN OF WHAT |
| | even if retired): Salesman Automobile Business Philadelphia, Pennsylvania | U.S.A. |
| pply the | 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME; | 4 |
| | Ralph F. Dixon Bertha Brown | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. BOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: | |
| INK. | Yes no or unk) (If Yes, give war or dates of service) WW-1 217-03-2320 Clin.Rec., Vet.Adm. Hosp., Ft. Hows | rd,Md. |
| WITH UNFADING 1 nt. Physicians: pleas | 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN |
| AD s: | IMMEDIATE CAUSE (A) CARCINOMA OF PROSTATE WITH METASTASIS TO | Unknown |
| I BI | ANTECEDENT CAUSE (8) RECTUM, SEMINAL VESICULE AND LUNGS | OTALITY NII |
| TH UNFAI | DISEASES OR CONDITIONS, IF ANY, (B) | |
| THT Phy | GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST | |
| WI. | (C) | |
| | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| PLAINLY, | DISEASE OR CONDITION CAUSING DEATH. | |
| A III | 198. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY1 |
| To A | 1-12-56 TRANSRECTAL BIOPSY | YES NO |
| | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? | (State) |
| > _ | OF INJURY OCCUR? M. at work at work 215. HOW DID INJURY OCCUR? | |
| | 22. I hereby certify that Wattended the deceased from Dec. 30, 1955, to Jan. 15, 1956, HEROPERO | 670000000000000 |
| PW. | and that death occurred at 10:15AM, from the causes and on the date s | |
| TYPE rect ag | | E SIGNED |
| | M D: 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | .5-56 |
| PLEASE cor | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or Burial Baltimore, Mary | |
| PL | DATE RECID BY LOCAL REGISTRAR'S SIGNATURE 20hat Nosak Portage Tuneral Home REGISTRAR 6 SIC DE CUCE 802-04 Madison Ave., Baltimer | ADDRESS |
| | | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00240

CERTIFICATE OF DEATH 252

Reg. Dist. No. 44

| 1. PLACE OF DEATH | | | | 2. USUAL RESIDE | NCE (HOME) OF DECE | ASED |
|-------------------------------------|--------------------------|--------------------------------|-------------|------------------------------|------------------------------------|----------------------------------|
| COUNTY BALTIM | ORE | MARYL | AND | STATE MARYI | LAND COUNTY | |
| CITY (If outside corporete li | mits, write RURAL | LENGTH O | | STATIL | porele limits, write RURAL and gly | e neerest town) |
| OR end give neerest town | KIADD | (in this s | DAYS | OR | | |
| f | NITTED | 1 174 1 | UALO | DAUL | | |
| HOSPITAL OR INSTITUTION OR | | | | STREET ADDRESS | (If rural give loca | ition) |
| INSTITUTION OR STREET ADDRESSETERAL | ns administr | ATION HOS | SPITAL | 2018 | SWANSEA ROAD | Y |
| 3. NAME OF | (First) | (Middle) | | (Lest) | 4. DATE (Month) | (Dey) (Year) |
| (Type or Print) CHA | RLES | R. | DONNE | ELLY | DEATH JANU | ARY 16 19 56 |
| S. SEX 6 COLOR 6 | | RRIED, | 8. DATE O | F BIRTH | 9. AGE lest birthdey IF U | NOER TYEAR HE UNDER 24 HR |
| MALE WHITE | WIDOWED, (Specify) M | ARRIED | | ber 8, 1888 | 67 yrs. Mon | ths Doys Hours Min. |
| 10a, USUAL OCCUPATION (Give | kind of work 10b. | KIND OF BUSINES OR INDUSTRY | S | 11. BIRTHPLACE (State or for | eign country) | 12. CITIZEN OF WHAT |
| relired) Fireman | Cit | | | New York, N. | Y. | U. S. A. |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN | | 1 0. 0. 11. |
| James Donnelly | | | | Morra MN a Ua | lmas | |
| 15. WAS DECEASED EVER IN U. | S ADMED ECOCECA | 16. SOCIAL SEC | TIDITY AND | Mary MN: Ho | | |
| (Yes, no, or unit.) (If Yes, give | wer or dates of service) | ia. SOCIAL SEC | WIII NU. | II. INFUKMANI & | MUDKE 33 | |
| Yes WW I | | _219-05 | -1863 | Clin.Rec. | Vet.Adm. Hosp | Ft. Howard Md. |
| I DISEASES OR CONDITIONS D | RECTLY LEADING TO DEA | 18, ME | DICAL CER | TIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | | | THE TOTAL | | | |
| IMMEDIATE CAUS | - 1.1 | MONARY I | MPOTOS | | | 12 HOURS |
| ANTECEDENT CAUS | | | | | | |
| DISEASES OR CONDITIONS, IF | CALISE | | | | | |
| STATING UNDERLYING CAUSE | LAST. DUE TO | | | | | |
| IT OTHER SIGNIFICANT CONDITION | ONS CONTRIBUTING BE | nien pro | static | hyoerderoohy | | h Months |
| TO THE DEATH BUT NOT RELA | TED TO THE 2 Pull me | narv emr | hvsema | 3. Bronchiect | asis | 7 Years |
| 190. DATE OF OPERATION | 196. MAJOR FINDIN | | | 7. -10.1011200,0 | | |
| 1/10/56 | Transureth | | | | | YES NO ST |
| 210. ACCIDENT WAS UNDERLYI | NG TI 216. PLACE (F | ome, ferm, factor | v. I 2 | Ic. WHERE DID INJURY OCC | UR? (City or town) | (County) (Stele) |
| OR CONTRIBUTING CAUSE OF | DEATH OF INJURY sire | et, office bldg., ele | c.) | | | |
| 21d. TIME OF INJURY (Month) | (Dey) (Yeer) (Hour) | te. INJURY OCC | URRED : | 21f. HOW DID INJURY OCC | UR? | |
| | | While D No | work | | | |
| 00 theselves | VA | | | 10 E6 . I | 76 00 56 | |
| 22. I hereby certify the | | | | | | |
| | | | | | causes and on the date | |
| SIGNATURE | | mem. m | | | ORESS (Street, city, town, stel | |
| JOSEPH M. MTLLE | RChief Sur | LCAL Ser | CEMETERY OR | CREMATORY FORT HO | WARD MARYTAND | 2-17-56 (State) |
| REMOVAL (SPECIFY) Burial | 11-20-5 | 1 | | | | |
| 24. REC'S BY REGISTRAR | I REGISTRAR'S SIGNATI | D INCH C | acheora | 1 Cemetery | Baltimore, M | ary Land ADDRESS |
| 1 | ALGISTAN S SIGNATI | 1 01 | 7 | | | |
| DATE 20, 20 1956 | Nawson | JOX No | a bear W | m. Cook-Blight | .Inc.6009 Harf | ord Rd. Balto. |

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FEB 16 1956

BECEINED

BUREAU V. E.



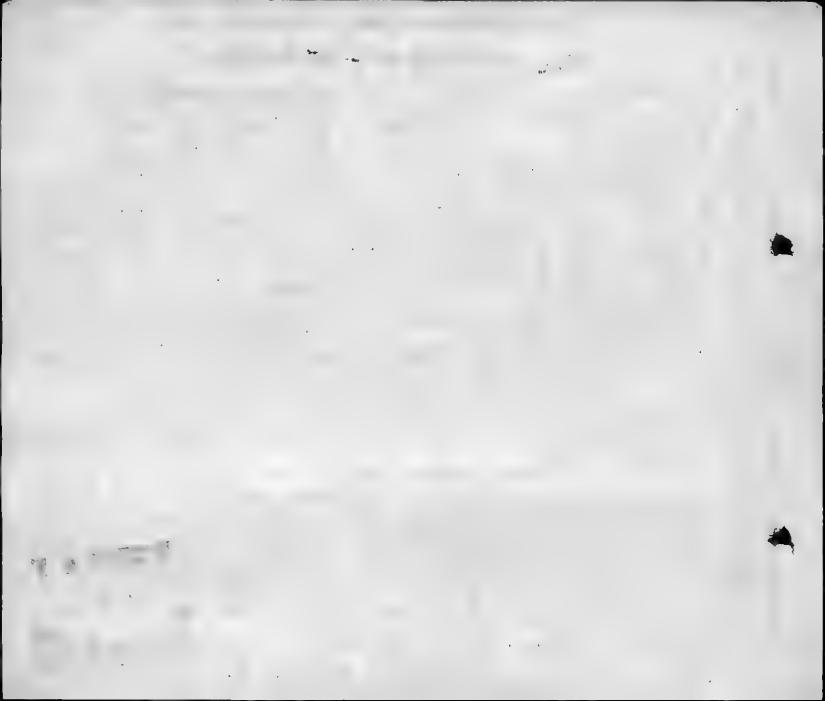
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 255

00242

Reg. Dist. No. 45

| 1. PLACE OF DEATH | | 2. USUAL RESIDEN | CE (HOME) OF DECEASI | ED | | | |
|--|--|--|--------------------------------------|-------------------------------------|--|--|--|
| COUNTY Baltimore | MARYLAND | STATE Md. | COUNTY Bal | timore - | | | |
| CITY (Il outside corporate limits, write RURAL OR and give neerest town) | LENGTH OF STAY (in this place) | CITY (If outside corpo | rate limits, write RURAL and give no | estest town) | | | |
| TOWN Essex | (m time proces) | | ssex - 24 | | | | |
| HOSPITAL OR INSTITUTION OR 7308 Kirtley 1 | Rd. | STREET ADDRESS 7308 | Kirtley Rd. | | | | |
| 3. NAME OF (First) DECEASED (Type or Print) ANNA | (Middle) | (m) ELGER T | 4. DATE (Month) OF DEATH Jan. 9 | .1956 (Y•••) | | | |
| 5. SEX 6. COLOR OR 7. SINGLE, MAI | RRIED, 8. DATE (| OF BIRTH | | ER 1 YEAR IF UNDER 24 HRS. | | | |
| female white Speciman | | 6.1913 | 42 yrs. Months | Deys Hours Min. | | | |
| 10e. USUAL OCCUPATION (Give kind of work 10b. 1 done during most of working life, even if | KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stella or lorei | in country) | 12. CITIZEN OF WHAT | | | |
| done during most of working lile, even if retired) Housewife | | Baltimore | | USA | | | |
| 13. FATHER'S NAME | | 14, MOTHER'S MAJDEN I | | | | | |
| Henry Bauers | | Maggie] | Biggerman - | | | | |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or datas of service) | 16. SOCIAL SECURITY NO. | Mr. FAM thu | rtley Rd | usband) 24 | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT | 18. MEDICAL CE | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | | | 3 '- | | | |
| DIE TO | or it is been been the control of th | :Nos reial in | No True Paper Gia | | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) | | | | | | | |
| | 20 | 1, 1 | | | | | |
| TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | ************************************** | - International Control of the Contr | | | | | |
| 196. DATE OF OPERATION 196. MAJOR FINDING | | | | 2D. AUTOPSY? | | | |
| | oma, farm, factory, | 21c. WHERE DID INJURY OCCUR | 2 (City on house) | YES NO | | | |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) | , office bldg., atc.) | | | uniy; (Siese) | | | |
| W | e. INJURY OCCURRED hils Not while work at work | 211. HOW DID INJURY OCCUR | ? | | | | |
| 22. I hereby certify that I attended the dec | eased from | , 19 | ລະງ 1955, that | I last saw the deceased | | | |
| alive on | | | | | | | |
| ADDRESS (Street, city, town, state) 23. BURIAL, CREMATION, PARTIES (Street, city, town, or county) Burial, CREMATION, DATE THEREOF NAME OF CREMATORY LOCATION (City, town, or county) Burial, CREMATION, DATE THEREOF NAME OF CREMATORY Burial, CREMATORY NAME OF CREMATORY NAME OF CREMATORY Burial, CREMATORY NAME OF CREMATORY NAME | | | | | | | |
| 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) | NAME OF CEMETERY OR | CREMATORY | LOCATION (City, town, or count | fy) [State] | | | |
| Burial Jan. 13.195 | 6 Oak Lawn (| Temetery | Baltimore Con | unty Md. | | | |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | the Newles | 2S. FUNERAL DIRECTOR'S | R & SONS.INC | ADDRESS | | | |
| DATE TO THE PROPERTY OF THE PR | | | N. A. | | | | |



A15C 1-55 10M

52

INSTRUCTIONS

4

255

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00243

| Peg. | Dist. | No | 30 |) |
|-------|-------------|----|------|---|
| W-AR. | Den Scharft | | **** | а |

| 1. PLACE OF DEATH | | 2. USUAL RESIDENC | E (HOME) OF DECEA | SED |
|--|---------------------|----------------------------------|---------------------------------|------------------------------|
| соиму Baltimore | MARYLAND | STATE MG | COUNTY D | 7.4.0 |
| CITY (If outside corporate limits, write RURAL | LENGTH OF STAY | CITY (If outside corpore | to limits, write RURAL and give | netrest town TC |
| OR and give meetest town) TOWN OR | (In this piece) | or town Oel | 1a | |
| HOSPITAL OR | 15 yrs | STREET | (If rural give loceti | ion) |
| INICITI ITION OR | Tarabb Make | ADDRESS | /3 | |
| STREET ADDRESS Rock Springs, El | | ROCK | Springs, El | |
| 3. NAME OF (First) (A | (iddle) | (Last) | 4. DATE (Month) | (Dey) (Year) |
| (Type or Print) Lee | E114 | g | DEATH Ja | n. 6 1956 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED | 8. DATE OF | F BIRTH 9. | AGE last birthday IF UN | DER 1 YEAR LIF UNDER 24 HRS. |
| Male White (Specify) Mar | ried Dec. | 25,1879 | 76 yrs. Monti | hs Days Hours Min. |
| 10a MSHAL OCCUPATION (Give kind of work 10b KIND | | 11. BIRTHPLACE (State or foreign | | 12, CITIZEN OF WHAT |
| dora during most of working life, even if OR I retiring the tired Electrician, | NDUSTRY | | . evanut) | COUNTRY? |
| | | Balto. Md. | | U.S.A |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | AME | |
| Jehn Ellis | | Mary Sherw | ood | |
| | SOCIAL SECURITY NO. | 17. INFORMANT & AD | DRESS | |
| (Yes, no, or unk.) (1) Yes, give wer or detes of service) | | Wrs Rose E | llis Rock S | nrires |
| | 18. MEDICAL CER | | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | FITTIGO | tt City, Md. | ONSET AND DEATH |
| immediate cause (A) | Coronary ! | Thrombosis | | lo min. |
| ANTECEDENT CAUSE(S) DUE TO | | | | |
| DISEASES OR CONDITIONS, IF ANY, 18) ATT | teriosclero | tic Cardio Va | couler Die | D ten |
| GIVING RISE TO THE ABOVE CAUSE DUE TO | | | | N JI . |
| (C) | | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 190. DATE OF OPERATION 196. MAJOR FINDINGS O | FOPERATION | | | 20. AUTOPSY? |
| | one | LANGE OF BUILDING COURT | (7) | YES NO K |
| 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY STREET, OF | | Ic. WHERE DID INJURY OCCUR? | (City or town) [1 | County) (State) |
| 21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, I While | NJURY OCCURRED 2 | HOW DID INJURY OCCUR? | | |
| M. et wor | | | | |
| 22. I hereby certify that I attended the deceas | ed from4./.වූව | , 19 55, to 1/6 | | at I last saw the deceased |
| alive on]./6 | | | | |
| SIGNATURE . | +1 - | ADDRI | ESS (Street, city, town, stell) | |
| MICERE Muist | Alle M.D. C | lucerele St. T. L | LICOTT CITY | Mai 7/6/50 |
| 23. BURIAL, CREMATION, DATE WHEREOF | NAME OF CEMETERY OR | CREMATORY | LOCATION (City, town, of co | unity) (Stele) |
| REMOVAL (SPECIETY) | AU | | Woodlawn 7, | IId. |
| DUFTELL Jan 9/56 24. RECP BY REGISTRAR REGISTRAR'S SIGNATURE | Woodlawn | 1 25. FUNERAL DIRECTOR'S SI | GNATURE | ADDRESS |
| 71 28 34 | | Harry H. Wit: | | dmondsoh Ave |
| DATE 40 4 9 1956 16. Star | RIA | TYCHTA TIO. TA | are ator p | CHOHOLONIA WAG |

4 1 11

CURDINITIES A TRUE CATE TATE A TRUET

Miles

| | 257 CERTIFICATI | G OF DEATH Reg. Dist. No |
|----------------------|--|--|
| clearly and legibly. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| Si | COUNTY Balto MARYLAND | STATE Md. county balt . |
| le | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | CITYIIf outside corporate limits, write RURAL and give nearest town) |
| 걸 | OR and give nearest town) (in this place) | OR |
| 60 | 52 TOWN Catonsville | Town Catonsville |
| 20 | HOSPITAL OR INSTITUTION OR | STREET (If rural give location) |
| 281 | To STREET ADDRESS 135 S. Symington Ave. | 125 S. Symington Ave. |
| cl | | (Last) 4. DATE (Month) (Day) (Year) |
| 다 | DECEASED: | QF. |
| death | | STBERGER DEATH: Jan. 11, 1956 |
| | RACE: WIDOWED DIVORCED | OF BIRTH: 9. AGE last birthday if under a year if under as Has. Months Days Hours Min. |
| of | female white (Specify); marrie July | 22, 1887 68 yrs Min. |
| causes | IOA USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT |
| ng, | work done during most of working life. even if retired: homemaker at home | Md. COUNTRY? |
| | · | |
| che | 13 FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME |
| writ∎ the | James Ringgold | l Lena Gunther |
| Ē | 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY No. | 17. INFORMANT & ADDRESS: |
| | (Yes, no, or unk.) (If Yes, give war or dates no of service) | Mr. Charles R. Watson -2641 Purnell Drive |
| ni Ø | 18, MEDICAL CERTIFICAT | |
| ple∎ | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| - | | |
| 823 | IMMEDIATE CAUSE (A) Ceret | honogenlar accident 10 minto |
| Physicians | ANTECEDENT CAUSE (8) | |
| sic | DISEASES OR CONDITIONS, IF ANY, (B) | Merlensing CVD. 1000 |
| hy | GIVING RISE TO THE ABOVE CAUSE DIE TO | |
| | STATING UNDERLYING CAUSE LAST. | |
| nt. | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| ta | TO THE DEATH BUT NOT RELATED TO THE | the manufacture of the state of |
| important. | DISEASE OR CONDITION CAUSING DEATH. | he - Theket of alredience of the |
| E | 194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | N 20. AUTOPSY? |
| 0 | | YES NO |
| ecially | 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factor Contributing CAUSE OF DEATH) OF INJURY street, office bldg., | tory. 21c. WHERE DID (City or town) (County) (State) |
| esp | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| | OF INJURY While Not while at work at work | |
| - 672 | | 25 10 25 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| 90 | | , 19 % to fam, 19 % that I last saw the deceased |
| ed | | 1030M, from the causes and on the date stated above. |
| ect | SIGNATURE | ADDRESS, DATE SIGNED |
| correct | (U/ lelson) Mekay M | 1. D. 60/42 mondson lose lon /3,1958 |
| CC | | ERY OR CREMATORY LOCATION (City, town, or county) (State) |
| | REMOVAL (SPECIFY) 1/14/56 Woodlawn | Jem. Moodlawn, Md. |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | ADDRESS ADDRESS |
| | REGISTRAR | Jinkyed & Down-bath 17 |
| | January 14 1956 K.W. | Allin. A. Monthly and the |

Supply every item of information carefully. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

VS. A15-10-53

MARGIN RESERVED FOR BINHIN

The



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| ! 253 CERTIFICATE | E OF DEATH Reg. Dist. No. |
|---|---|
| county Baltimore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town 1111. (In this place) | CITY(If outside corporate limits, write RURAL and give nearest tow |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS ROS STATE TS HOOL | STREET ADDRESS 702 Park Fleight Ave |
| 3. NAME OF DECEASED. (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE | (Last) 4. DATE (Month) (Day) (Year) 6. OF DEATH: 1 27 1956 OF BIRTH: 9. AGE last birthday P UNDER 1 YEAR IF UNDER 24 HE |
| TO MISTAL OCCUPATION (Give kind of 100 KIND OF BUSINESS | 7-55 |
| work done during most of working life. even if retired): | U.S. A GOUNTRY? |
| Robert E. Firnell | Mary Agnes Christopher |
| 19. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates of service) | Mr. Robert E. Farnell, Jr5702 Park Hgts |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEA |
| ANTECEDENT CAUSE (S' DUE TO | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | : tel Heart Condition since bus |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | alno frition |
| 194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| OF INJURY (Day) (Year) (Hour) 21g INJURY OCCURRED While Not while at work at work | |
| 22. I hereby certify that I attended the deceased from | |
| alive on 2 27, 1955, and that death occurred at signature | ADDRESS D. Poursod N.D. Joh md. 1-28-56 |
| | ERY OR CREMATORY LOCATION (City, town, or county) (Stat |

PLEASE TYPE OR WRITE PLAINLY, WITH 10 - 53A15

u2

MARGIN RESERVED FOR BINDIN

UNFADING INK.

correct age is especially important. Physicians:

The

Supply every item of information carefully.

please write the causes of death clearly and legibly.

Burial (Brecify) 1/30/56 DATE REC'D BY LOCAL REGISTRAR'S

Druid Ridge Cem. FUNERAL PHECTOR SIGNATURE

Pikesville, Md.

ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00246

| -17-'3L" CER | IFICATI | OF DEA | Reg | g. Dist. No | | |
|---|------------------------------------|---------------------------------|------------------------------|---------------------------------|--|--|
| 1 PLACE OF DEATH | | 2. USUAL RESIDEN | | | | |
| 20 7 10 | | 172 | OF (HOME) OF BE | | | |
| COUNTY ' T. O. | MARYLAND | STATE * | COUNTY | 15). | | |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) | LENGTH OF STAY (in this place) | OR | rete limits, write RURAL and | give nearest town) | | |
| 12 TOWN Jatonsville | of yrs. | TOWN 26 .3 | njay Ave. | | | |
| HOSPITAL OR INSTITUTION OR | | STREET | (II rurel give | location) | | |
| 3 STREET ADDRESS Paradiso Nursing | · 10 0 | Ca | tonsville | | | |
| 3. NAME OF (First) (A | lid die) | (Lest) | 4. DATE (Month | (Dey) (Yeer) | | |
| (Type or Print) Julia N. | Feilin | ger | | an. 31 156 | | |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIE | , 8. DATE | <u> </u> | | IF UNDER 1 YEAR JIF UNDER 24 HR | | |
| F RACE WIDOWED, DIVO | NORCED, | 27,1921 | 1 7 82 | Months Days Hours Min. | | |
| 10e, USUAL OCCUPATION (Give kind of work 10b, KIND | OF BUSINESS | 11. BIRTHPLACE (Stelle or forei | gn country) | 12. CITIZEN OF WHAT | | |
| | NDUSTRY _10 | An Iri. | | COUNTRY? | | |
| 13, FATHER'S NAME | | 1 14. MOTHER'S MAIDEN I | NAME | | | |
| Heiāe | | Rot En | 0 * | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. | 17, INFORMANT & A | | | | |
| (Yes, no, or unk.) [If Yes, give wer or dates of service] | | T'ng H | .ilcner ze | haray Ave. | | |
| | 18. MEDICAL CE | | 112201101 20 | INTERVAL BETWEEN | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 1 | 1 | | ONSET AND DEATH | | |
| IMMEDIATE CAUSE (A) | ebral T | iremboses | | 1 hour | | |
| ANTECEDENT CAUSE(S) DUE TO | | | | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | | | | | | |
| STATING UNDERLYING CAUSE LAST, DUE TO | 24.2000 | 2 - 2 | hizalo cere | 0011 | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | MASCESSIE | gra, gonon | M. Zart Cese | may lukerous | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | V | 0 | | | |
| 190, DATE OF OPERATION 196, MAJOR FINDINGS OF | F OPERATION | | | 20. AUTOPSY? | | |
| | | | | YES NO | | |
| 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of IFFITHER, NOTIFY MEDICAL EXAMINER) | ferm, fectory, ice bldg., etc.) | 21c. WHERE DID INJURY OCCUI | (City or fawn) | (County) (State) | | |
| 21d, TIME OF INJURY (Month) (Dey) [Year) (Hour) 21e. White | NJURY OCCURRED | 21f. HOW DID INJURY OCCU | 17 | | | |
| M. el wo | k at work | | | | | |
| 22. I hereby certify that I attended the decease | ed from 1-24 | 19.55 10 1 | 31 1056 | , that I last saw the decesse | | |
| 22. I hereby certify that I attended the deceased from 1-29, 1955, to 1-31, 1956, that I last saw the deceased alive on 1-30, 1956, and that death occurred at 230 M, from the causes and on the date stated above. | | | | | | |
| SIGNATURE | mor dount occurred a | | RESS (Street, city, town, | | | |
| Tappen las 1/40 | 11121 M.D. | listone vu | 16 72 K | 12 2.7.5-1 | | |
| 23. BURIAL, CREMATION, DATE THEREOF | NAME OF CEMETERY OF | CREMATORY | LOCATION (CITY, IOWN, | or county) (Stele) | | |
| REMOVAL ISPECIFY) | o theere | l Jen. | Balto. | Md. | | |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S | | ADDRESS | | |
| DATE Let. 6, 1956 Vector & | Harry | Freenty | sursilton | Carrotat nel | | |
| | 7.5 | | 7 | The ! | | |

INSTITUCTIONS

The bottom copy may be retained by the hospital or ettending physician.

VS A15C 1-55 10M



certificate has been executed by the attending physician and completely filled in by the mensal death certificate assembly slould be detacled for use as a burial transit permit.

ATTENDING PHY MAAN OR HOSPITAL: The law requires that the death of The bottom copy may be remined by the hispital in attending pllysician.

9

INSTRUCTIONS

00247

| CERT | IFICATE | OF DE | ATH | | 43 |
|--|------------------------------------|---------------------------|--|-------------------------|-------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESID | ENCE (HOME) OF | Reg. Dist. No | • |
| 0 | | z, osone resid | ENCE (HOME) O | DECEMBED | |
| COUNTY 13a1+0 | MARYLAND | STATE -11d | COU | | |
| CITY (If outside corporate limits, write RURAL OR and oire nearest town) | LENGTH OF STAY (in this place) | CITY (If outside co | rporate limits, write RUR | AL end give neerest toy | rn) |
| TOWN /2//exton | 48 475 | TOWN - | 110~ 1 | * 11 | > |
| HOSPITAL OR | 1 | STREET | (If rur | al give location) | j. |
| STREET ADDRESS BUCKS School. | House Rd | BUELYS | School | House | Rd. |
| 3. NAME OF (First) (Mid | dla} | (Lost) | | (Month) (Day) | (Yaar) |
| (Type or Print) Co ff 0 | D F | edler | OF DEATH | Jan 27 | 2 19 5 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORE | | | 9. AGE lest birthda | | R IF UNDER 24 HRS |
| Make Mhita (Specify) 1103 | | 30-1887 | | уга, | |
| 10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, evan if OR INC | IF BUSINESS 1 | 1. BIRTHPLACE (Stale or f | oseign country) | 12. CIT | ZEN OF WHAT |
| refired) Flor 15+ Hims | 2/4 | Gin a | aNU | 1,0 | C |
| 3. FATHER'S NAME | | 14. MOTHER'S MAID | | |) |
| E6 1. E . 1 | 1 | 1= | 1-0 | 1, | |
| FYNST IN 1120. | 1-27 | LAIRE | E G70 | 6/ | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unk.) (N Yes, give wer or datas of service) | OCIAL SECURITY NO. | 17. INFORMANT | & ADDRESS | | Housa P |
| (183, no, or unk.) (if 183, give war or estas of service) | VON. | 117511 | and Fi | 1/1 3. | . La Cri. |
| | 18. MEDICAL CERT | IFICATION / | 11/4/-2 . [- | 3 IN | ITERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | 7 . 1 | 1 - 1 | | NSET AND DEATH |
| H d = IMMEDIATE CAUSE (A) | oupe | southe | evel | De Cul | Helwy |
| | 20.0 | | | , , , | , , |
| ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) | hou | ie u | 4 aco | Dack 22 | 1400 |
| GIVING RISE TO THE ABOVE CAUSE | | | 1 | | 1// 4 |
| STATING UNDERLYING CAUSE LAST, DUE TO | | | 1 | | · |
| (C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | |
| TO THE DEATH BUT NOT RELATED TO THE | | | • | | |
| DISEASE OR CONDITION CAUSING DEATH, | | | | | |
| 198. DATE OF OPERATION 196. MAJOR FINDINGS OF | OPERATION | | | | 20 AUTOPSY? |
| A LEGISTAL LARE LANGED MILE TO LEGIS DIVERS (I) | | | | | ES NO |
| 21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, for CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER) | irm, fectory, 21 i bldg., etc.) | c. WHERE DID INJURY OC | CUR? (City or town) | (County) | (Stata) |
| 21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJ | | If, HOW DID INJURY OC | CUR? | | |
| Whila M. at work | Not white | , | | | |
| 22. I hereby certify that I attended the deceased | 11111 | 17 19 15 to 1 | 12 12 99 200 | 1'Z | .1 1 |
| 4 1 17 - | 3 HOM | | attion that the control of the contr | | aw the deceased |
| alive on Audil, 19 and the | at death occurred at | | e causes and on t | he date stated abo | ove. |
| SIGNATURE DE SIGNATURE | | AE | DRESS (Streat, city, | , lown, stela) | DATE SIGNE |
| 7 | M. D. | | | | 1-23-11 |
| | NAME OF CEMETERY OR C | REMATORY | LOCATION (City, | town, or county) | (State) |
| REMOVAL (SPECIFY) | Ch D. L. | 1 41 0 | | D 11 | / |
| 12471a1 175/56 1) | TERRYS | ·Luthole | 21 | 13a/fo | -Ma |
| 24, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 11/1 | 25, FUNERAL DIRECTOR | R'S SIGNATURE | ADDRE | \$\$ |
| DATE Com st. 9 Alles A. L. TI | outrecker! | Innote | Ferrage of L | Jame 74 61 | 12. va. h |
| 7 | // X3 | on the same | mount | Joseph To 1 | 1200000 |



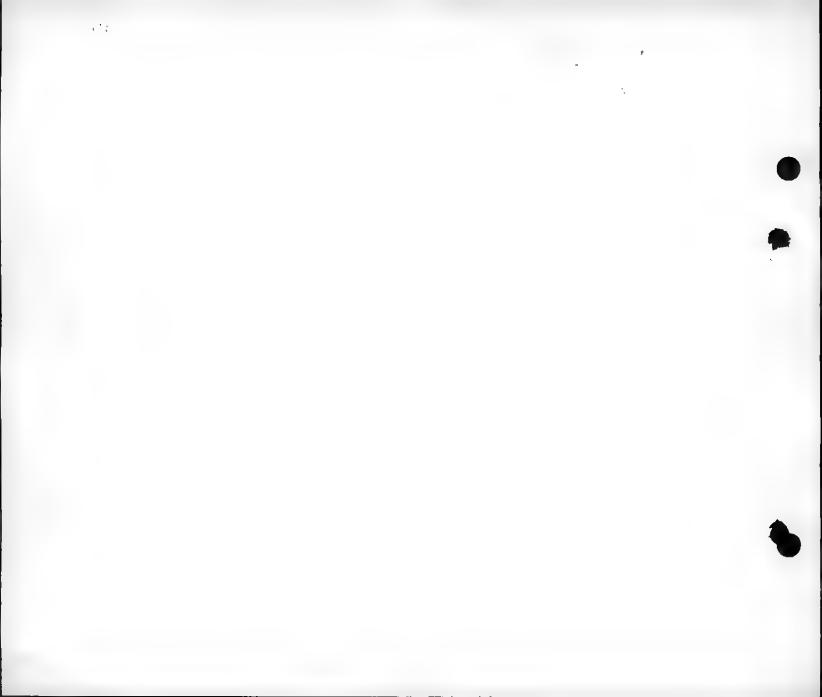
| MARYLAND STATE DEPARTMENT OF | HEALTH—BALTIMORE, 18 | Reg. Dist. |
|--|--|------------------------------|
| MEDICAL EXAMINER'S CER | RTIFICATE OF DEATH | No. |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY Balt. MARYLAND | STATE Med. COUNTY Balts | City |
| OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY (If outside corporate limits write RURAL and OR | give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Int Wilson Hosp. | STREET 12 16 Brientward Balti 2 | and. |
| NAME OF (First) (Middle) DECEASED: (Type or Print) HENRY EDWARD | (Last) 4. DATE (Month) (Day OF DRATY) 2 | |
| (Specify): merrical 7 | FE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y 7 7 244 3 / yrs. Months De | Hours Min. |
| os. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life even if retired): The Santahan Santahan | DR 11. BIRTHPLACE (State or foreign country): 12. Batta, my | CITIZEN OF WILA |
| 3. FATHER'S NAME: Day 1. | 14. MOTHER'S MAIDEN NAME: | , |
| Havry Finch | Catherine Hughes. | |
| 15. Was Deceased Eynd In U.S. Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of Service) 270-14-5276 | 17. INFORMANT & ADDRESS: Int. To ilson Houp Re | e ords |
| | CAL CERTIFICATION | INTERVAL BETWEE |
| . DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | 1 | ONSET AND DEATH |
| Immediate cause (a) Ple us of Eff DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) Pulmanary | ucton | *** |
| Antecedent cause(s) | The | 3 1/2 00 |
| Diseases or conditions, if any, | | 1 2 2 3/1 |
| giving rise to the above cause DUE TO stating underlying cause last | | |
| I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | A 1 many and county account ac | 20. AUTOPSY? |
| non. Tron. | | Yes 🗷 No 🗆 |
| 7 | in one. | (State) |
| Ald. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work M. work at work | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I took charge of the remains descri | ibed above, held an Autopsy 🗍, Inspection 💆 | , Inquiry 🗵 , ar |
| find that death resulted from: Natural causes Z, Acci | ident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER | mined cause [DATE SIGNED |
| N.D. Yaplis | M. D. ASSISTANT MEDICAL EXAMINER | 1-29-150 |
| THE TOTAL TO | CRY OR-ORDMATORY LOCATION (City, town, or co | mer sen |
| DADE REC'D BY LOCAL REGISTRAR'S SIGNATURE TO THE SIGNATURE TO TH | William Jook Inc It who B | enton Oness |

Direc

VS. A15A - 5 - 53 PLEASE

MARGIN RESERVED FOR BINDING





| 263 | CERTIFICAT | E OF DEATH Reg. Dist | . No. |
|--|--|---|----------------------------|
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) OF DECEASE | D; |
| COUNTY Baltimore | MARYLAND | STATE Maryland COUNTY | |
| CITY (If outside corporat | e limits, write RURAL LENGTH OF STAT | | and give nearest town) |
| TOWN Fort Howa | rd 17 days | or Town Baltimore | |
| HOSPITAL OR | | STREET (If rural give location) |) |
| STREET ADDRESSVete | rans Administration Hospi | tal130 N. Carlton Street | * |
| NAME OF (Fin | The state of the s | | Day) (Year) |
| DECEASED: (Type or Print) WIL | LIAM | FORD DEATH January | 1 1956 |
| 5. SEX. 6. COLOR O | R 7. SINGLE, MARRIED, 8, DATE | E OF BIRTH 9. AGE last birthday Ir UNDER | YEAR IF UNDER 24 HRE. |
| _Male Negro | (Specify):Married 10 | /2/02 53 yrs months | |
| on USUAL OCCUPATION (C work done during most of v even if retired) Truck | Rive kind of 10s KIND OF BUSINESS vorking life. OR INDUSTRY: Helper Transfer Co. | 11. BIRTHPLACE (State or foreign country): 12. Prospect, Va. | CITIZEN OF WHAT COUNTRY? |
| 3. FATHER'S NAME: | uerbet. Transfer oo. | 14. MOTHER'S MAIDEN NAME: | 0.0.A. |
| | | | |
| Unknown | ARMED FORCES: 15. SOCIAL SECURITY NO. | Betty (Middle name unk | nown) |
| Yes, no, or unk.) (If Yes, giv | e war or dates | | |
| Yes V of service) | | Clin.Rec., Vet.Adm. Hosp., Ft.H | |
| I DISEASES OR CONDITIO | 18. MEDICAL CERTIFICA ONS DIRECTLY LEADING TO DEATH | TION | INTERVAL BETWEEN |
| / x | BRONCHOG | ENIC CARCINOMA LEFT UPPER LOBE | UNKNOWN |
| MMEDIATE CAUS | DUE TO STEPS MESS | ASTASES TO ADRENALS | |
| DISEASES OR CONDITIONS | S, IF ANY. (B) | | |
| GIVING RISE TO THE ABO'STATING UNDERLYING CA | VE CAUSE DUE TO | | |
| | (c) | | |
| | ONDITIONS CONTRIBUTING | | |
| DISEASE OR CONDITION | | | |
| 19A. DATE OF OPERATION: | | N | 20. AUTOPSY7 |
| | | | YES NO |
| 21A ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E) | RLYING 218 PLACE (Home, farm, factor of DEATH OF INJURY street, office bldg | ctory. 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR? | (State) |
| ZID TIME (Month) (Day) (| Year) (Hour) 21E INJURY OCCURRE | D 21F, HOW DID INJURY OCCUR? | |
| OF INJURY | M. While Not while at work | | |
| 2? I hereby certify that | Vattended the deceased from Dec | 15 , 1955, to Jan 1 , 19 55 (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | CONTRACTOR |
| MONOCOCCOCCOCCOCCOCCOCC | xxxxxxxxx and that death occurred a | t5:30A M, from the causes and on the date | stated above. TE SIGNED |
| | Lecurity Harlin | | /2/56 |
| DONALD D. MARK 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF NAME OF CEME | TERY OR CREMATORY LOCATION (City, town, o | |
| REMOVAL (SPECIFY) Burial | | ing BaptistChurch Cemetery Pro | |
| DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| REGISTRAR | | Charles R. Low Euneral Home | 4 |

St., 802 On Madison Ave., Balte, Md.

SHIPPED TO: Bland Funeral Floric

OR TYPE PLEASE A15

The

every item of information

Supply e

INK.

UNFADING

WITH

WRITE PLAINLY,

MARGIN RESERVED FOR BINDING



| 7 | E 202 CERTIFIC | UATE OF DEATH Reg. Dist. | . No |
|----------|--|---|-------------------------|
| 1. | PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| | COUNTY Baltimore MARYLAND | STATE Maryland county | |
| | CITY III outside corporate limits, write RURAL LENGTH (in this town) TOWN FORT HOWARD 37 Dar | place) OR | nd give nearest town |
| | HOSPITAL OR | STREET (If rural give location) | |
| J. A | STREET ADDRESS/eterans Administration | Hospital 2524 Ruscombe Lane | · |
| | NAME OF (First) (Middle) | | Ону) (Year |
| | DECEASED: PHILIP | FORSHLAGER DEATH: January 1 | 1 19 56 |
| 5. Ma | RACE: WIDOWED, DIVORCED, | 8. DATE OF BIRTH: 9. AGE last birthday if UNDER 1. Months D | Days Hours Min. |
| | USUAL OCCUPATION (Give kind of OR KIND OF BUS OR INDUSTRY: even if retired): Collector Installment | | CITIZEN OF WHATCOUNTRY? |
| 13. | FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | . J. A. |
| Ab | raham Forshlager | Blooma MN: Unknown | |
| 18, W | AR DECEASED EVER IN U.S. ARMED FORCEST 18, SOCIAL SECURI- | TY NO. 17. INFORMANT & ADDRESS: | ard Md |
| ı | 18. MEDICAL CE | RTIFICATION | INTERVAL BETWEE |
| | IMMEDIATE CAUSE (A) BRONCH | HOGENIC CARCINOMA, LEFT LUNG | UNKNOWN |
| | ANTECEDENT CAUSE (8) | | |
| G11 | SEASES OR CONDITIONS, IF ANY. (B) VING RISE TO THE ABOVE CAUSE ATING UNDERLYING CAUSE LAST. | | |
| | (C) | | |
| - 1 | TO THE DEATH BUT NOT RELATED TO THE METASTA | ATIC CARCINOMA OF THORACIC SPINE | |
| | -13-55 Excision of left axi | illary node for biopsy | 20. AUTOPSYT |
| OR C | ACCIDENT WAS UNDERLYING 218. PLACE (Home, CONTRIBUTING CAUSE OF DEATH OF INJURY street, of CONTRIBUTING CAUSE OF DEATH OF INJURY street, of CONTRIBUTION CAUSE OF CONTRIBUTION C | farm, factory. 21c. WHERE DID (City or town) (Country office bldg., etc.) | ty) (State) |
| | | while 21F. HOW DID INJURY OCCUR? | |
| 22. | I hereby certify that Mattended the deceased from | n Nov. 28, 1955, to Jan. 4, 1956, 10000 1184 | DODOTODÓRCO |

22. I hereby certify that Mattended the deceased from Nov. 28, 1955, to Jan. 4 , 1956, that National Contractions of the Contraction of the Contra age correct

DATE REC'D

Rosedale Cemetery

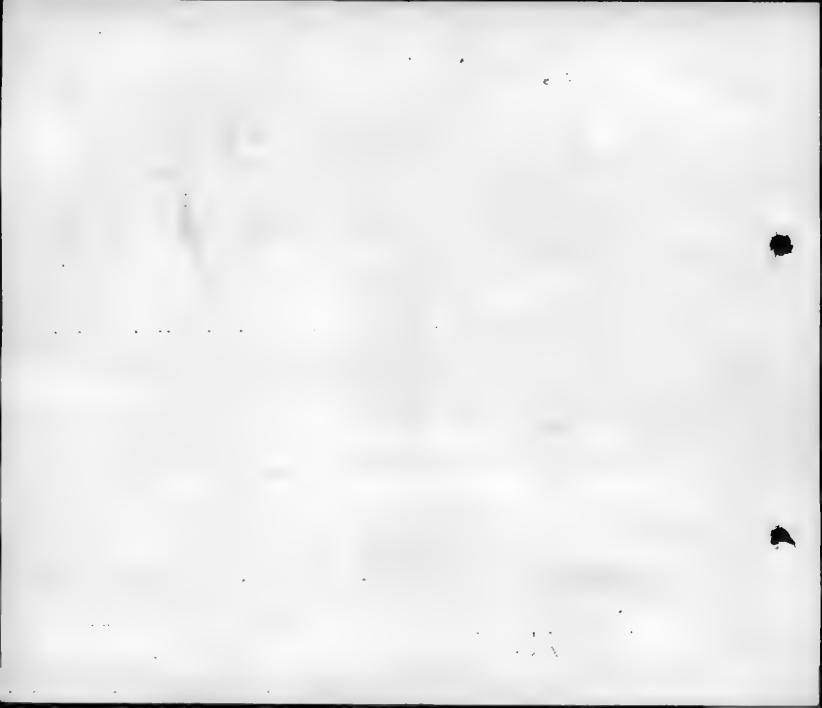
Jack Lewis, Inc. 2100 Futaw Pl. Baltimore, Md.

(State)

TYPE

PLEASE

MARGIN RESERVED FOR RINDA



CERTIFICATE OF DEATH 265

7. Demrs after death. After this director, the third copy, of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the register within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYLLIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHY

INSTRUCTIONS

hours, after death.

are be executed within 24

| 1 | | Reg. Dist. No | | | | |
|---|--|--|--|--|--|--|
| 1 | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | | |
| 3 | COUNTY CATON RIDGE HOME MARYLAND | STATE MARYLAND COUNTY | | | | |
| | CITY (If outside corporate limits, write RURAL 29) LENGTH OF STAY OR and give nearest town). (in this place) | CITY (If outside Corporete limits, write RURAL end give neerest town) OR | | | | |
| | * TOWN BALTINORE | TOWN BALTIMORE | | | | |
| | HOSPITAL OR INSTITUTION OR CATA PILATE I | STREET (If rurai giva location) ADDRESS | | | | |
| | STREET ADDRESS CALON RING ONE HOME. | 1909 VICTORY DRIVE (21) | | | | |
| | 3. NAME OF (First) (Middle) DECEASED (Type or Print) A) FACT M FOW | LER JA. DATE (Month) (Dey) (Tear) OF DEATH JAN. 4, 1956, | | | | |
| | S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8, DATE OF | F BIRTH 9. AGE lost birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. | | | | |
| | RACE WIDOWED DIVORCED. | Months Days Hours Min. | | | | |
| | | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT | | | | |
| 1 | dona during most of working life, even if OR INDUSTRY | MARULA VA | | | | |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | |
| | ALFRED M. FOWLER SR. | 1. LLie M. Lewis | | | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS 1909 VICTORY DRIVE | | | | |
| | (Yas, no, or unk.) (If Yes, give wer or dates of service) 216-05-52/3 | MRS. Mabel L. Forker (27) | | | | |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION | | | | | |
| | Company 1/2 mater - | | | | | |
| | ANTECEDENT CAUSE(S) DUE TO | | | | | |
| DISEASES OR CONDITIONS, IF ANY. (B) / A Philips Alice | | | | | | |
| | STATING UNDERLYING CAUSE LAST. DUE TO | | | | | |
| | (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | |
| | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | |
| 1 | 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES NO | | | | |
| 1 | 21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory, 21 | YES NO (County) (State) | | | | |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | |
| | Whita Not white | 211. HOW DID INJURY OCCUR? | | | | |
| | M. at work at work | 1 1-7 | | | | |
| | 22. I hereby certify that I attended the deceased from | , 19. 5, to | | | | |
| * | alive on | M, from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNED | | | | |
| 5 10M | Cett Court I M.O. Y | 1605 Edmondon um for 6,1456 | | | | |
| 1-55 | 23. BURIAL, CREMATION, DATE-THEREOF NAME OF CEMETERY OF | CREMATORY LOCATION (City, lown, or county) (Statu) | | | | |
| A15C | Bureal 17/56 Alev HAI | VEN CEM ELEN BURNIE Md. | | | | |
| ٧S | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | | |
| | DATE fan. 9, 19 56 0.6 Harry | H. framan D. Church | | | | |
| | | 3512 Frederick ave. (29) | | | | |



| MARYLAND | STATE | DEPARTMENT | OF | HEALTH-BALTIMORE, | 18 | 00253 |
|----------|-------|------------|----|-------------------|----|-------|
| | | | | | | |

265

Fill William.

- Hopewall properties a form

CERTIFICATE OF DEATH

Pag Digt No

| | Reg. Dist. No |
|--|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| COUNTY Bactions MARYLAND | COLUMN COLUMN |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) |
| UK and give nearest town) (in this place) | OR - |
| TOWN RICETWOOD | TOWN BATTIMORE. |
| HOSPITAL OR INSTITUTION OR Corumn Turney Hom | STREET (If rural give location) ADDRESS |
| STREET ADDRESS 7912 Reskung Road. | versens. |
| NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) OF DEATH |
| 5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE | OF BIRTII: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. |
| male rabila (Specify) | crour & 6 yrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF | COUNTRY? |
| even if retired): Lank mount | 243% |
| I3. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| Menknow | work moon. |
| | . INFORMANT & ADDRESS: |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | Varionen muning Home |
| 18. MEDICAL CERTIFICAT | ION Interval Between |
| | detin Chronic with Ditation 5- years. |
| stating the underlying cause last. DUE TO | hy myseurdum ofice Ever 6. months |
| (c) Auguraputio | e prentatestory. 10 months |
| II. OTHER SIGNIFICANT CONDITIONS | ereon Chrome Candes Findred 5 year |
| 19n. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY ? |
| unknown. Enlarged Prontate | · Yes No |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURED | HOW DID INJURY OCCUR? |
| OF INJURY Fig. while at Not While INJURY m. Work Mark Mark | me miner |
| 22. I hereby certify that I attended the deceased from G. C | o., 1955, to form, 19, 1956, that I last saw the deceased |
| | from the causes and on the date stated above. |
| Harris Incher mountar n | 20 516 Cathedral St 14,1456 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify) IN 2 0 10 C 10 HNS HO | PRINS MEDICATION (City, town, or county) (State) |
| DATE RECT BY LOCAL REGISTRARS SKLATURE | 24. FUNERAL DIRECTOR. ADDRESS |

THE SHEET BETTER

MINES INCREMENTAL

VS. A15

V. 5.70

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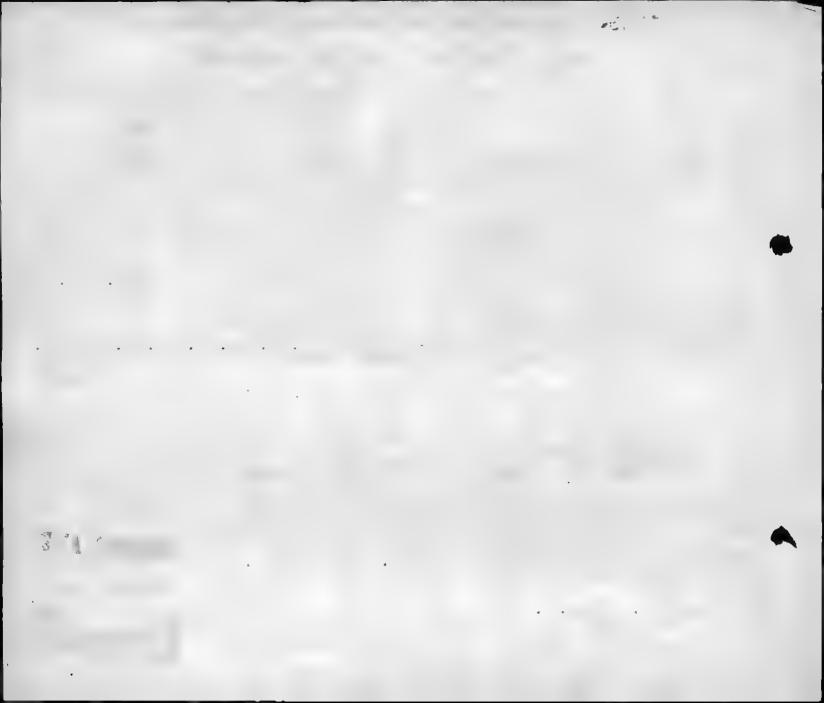
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00254

| COUNTY CHTY (H outside corporate limits, write RURAL and give neerest town) OWN Baltimore OWN (If rural give location) ADDRESS |
|--|
| CITY (If outside corporate limits, write RURAL and give neerest town) OWN Baltimore FREET (If rural give location) ADDRESS |
| OWN Baltimore 1 V TREET (If rurel give location) |
| TREET (If rurel give location) ADDRESS |
| ADDRESS |
| |
| 4837 Hazelwood Avenue |
| LIT . |
| GER DEATH January 5 1956 |
| 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 H |
| , 1888 67 yrs. 1888 |
| HPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| aspeburge, Maryland U.S.A. |
| MOTHER'S MAIDEN NAME |
| ilehmina Klingler |
| 17. INFORMANT & ADDRESS |
| 77 77 77 1 4 5 77 77 77 77 |
| Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md. |
| ONSET AND DEATH |
| 1 YEAR |
| n if necessary available |
| |
| |
| |
| |
| |
| 20. AUTOPSY? YES 🛣 NO |
| ERE DID INJURY OCCUR? (City or town) (County) (Stelle) |
| James Marie Addition (and Additional Additio |
| W DID INJURY OCCUR? |
| |
| THE TANK THE TREE TRE |



BANEVA A. Z

OBVIEDER

MARYLAND STATE DEPARTMENT OF HEALTH

269

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

| I. PLACE OF DEAT | 77. | | 2. USUAL RESIDENCE (| HOME OF DECKLO | P.P. |
|--|---|--|---|----------------------|---------------------------------------|
| COUNTY | Bultimore | MARYLAND | STATE ALAM 1 un | d | COUNTY 12] i Oro |
| OR give neares | t town) Hebbyill | AL and LENGTH OF STAY (in Othis place) | OR TOWN Hebry | | AL and give nearest town) |
| HOSPITAL OR INSTITUTION O STREET ADDRE | % 7212 inas | or will Road | STREET ADDRESS 7212 | (If rural, give to | |
| 3. NAME OF | (First) | (Middie) | 15 +5 | | |
| (Type or Print) | Charles | P. (| Gerriott | OF DEATH Tan. | |
| Male | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | J.n.10"1870 | 9. AGE last birthday | Months Days Hours Min. |
| 10s. IISHAL OCCUP | ATION (Give kind of work working life, even if retired) | | II. BIRTHPLACE (State of | r (preign country) | 12. CITIZEN OF WHAT |
| 13. FATHER'S NAM | | tt | 14. MOTHER'S MAIDEN | NAME Oyce | til sike. |
| 15. WAS DECRASED E | EVER IN U.S. ARMED FORCES (If yes, give war or dates service) | 17 16. SOCIAL SECURITY NO. | 17. INFORMANT AND | ADDRESS r,7210 in | idsor Kill mad |
| | | 18, MEDICAL CE | RTIFICATION | | |
| I DISELES OF C | ONDITIONS DIRECTLY | | 144 144 144 144 144 144 144 144 144 144 | | INTERVAL BETWEEN |
| I. DISEASES ON C | ONDITIONS DIRECTLY | CEADING TO DEATH | P A T | ~ | ONSET AND DEATE |
| Immedia | e cause (a) | - Landelle | la meste | rh | |
| | _ | 2/4 - | | | ee in delication of the companies and |
| | nt cause(s) conditions, if any, (b) | 5 - lekene | the of a | 911 | |
| giving rise t | to the above cause | | | 1 | PRI MA TERRATE SANAGAM AND INCOME. |
| stating the | underlying cause last | | ′ ∨ | | |
| II OTHER STONIE | (c) | | | | |
| Conditions contrib | uting to the death but not | 2. | | | |
| | RATION 19b. MAJOR | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| 21112 01 012 | | | | | |
| 21. ACCIDENT | (Specify) PLA | CE (Home, farm, factory, street, | (CITY OR T | OWN) (C | Ves No COUNTY) (STATE) |
| SUICIDE | OF INJ | office bidg., etc.) | (0311 010 | (| (GIAIL) |
| | (Day) (Year) (Hour) | INJURY OCCURRED | HOW DID INJURY OC | CUR? | |
| OF INJURY | m. | While at Not While Work At work | | | |
| | | 1- | 1 | | |
| 1 | <u></u> | e deceased from Que | 21, 19.5.5., to | 2, 19.52., that | I last saw the deceased |
| alive on | 19.55 at | d that death occurred at 4. (Degree or title) | ADDRESS from the | causes and on the | date stated above. DATE SIGNED |
| An Thoy | -7 Bucher 8 | | | | re. Jon. 4th/56 |
| 23. BURIAL CREM | | | RY OR CREMATORY I | OCATION (City, town | n, or county) (State) |
| | 0 111.0 1 | 956 Mt. Clive | 7 | | 1, 1 |
| DATE REC'D BY | | | FUNERAL DIRECTO | | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15



The

N.A

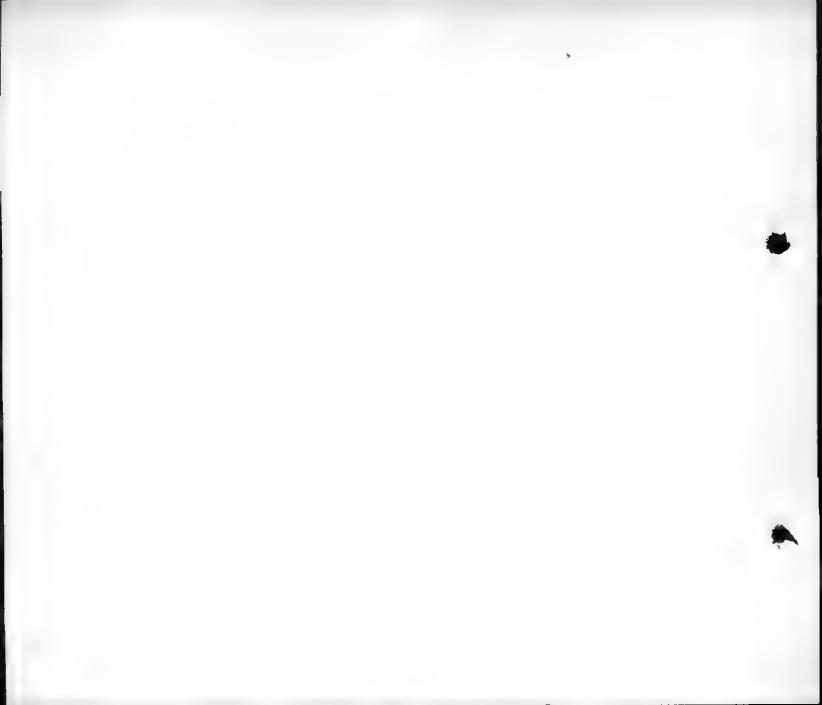
PLEASE WRITE PLAINITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially innt. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARGIN RESERVEH FOR BINDING

A15 -- 10 - 53

VS.

| | A 4 0 | ADIAMORE, 10 (10237 |
|---|---|---|
| | CERTIFICATE OF DEATH | Reg. Dist. No. |
| | 1. NAME OF DECEASED Clinty V. JATTITY | 2 DATE OF DEATH MAIL 14. 1956 |
| | A. Baltimore Grey, Maryland, & Co. Communication (10) | (Where decease lived, If institution; residence b COUNTY before admission) |
| | B FULL NAME OF A point hospital or institution, size street address or HOSPITAL OR NOTITUTION a 100 Smith ave C. CITY OR TOLD | If outside corporate limits, write RURAL and give |
| | | ore life rural, give location) |
| | c Length of stay in Baltimore Length of Stay in Baltimore Length of Stay in Baltimore | ith are |
| | male while married (Specify) aw. 12, 1912 | 9. AGE (In years 11 Under 1 Year 11 Under 24 Hours 12 12 13 14 15 15 15 15 15 15 15 |
| | 10A USUAL OCCUPATION (Greatind of work door during most of working life-even if retired) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or INDUSTRY) | foreign country) 12. CITIZEN OF WHAP COUNTRY? |
| | William Garrety 277-11 Ban | NAME |
| | 15. WAS DECEASED EVER IN U. S ARMED FORMES? 16. SOCIAL 17. INFORMANT SECURITY NO. 17. INFORMANT | ADDRESS |
| | No No 213-05-7745 Julia 3 ity, | 2100 - In The leng Factoriase |
| | DISEASE OR CONDITION DIRECTLY | INTERVAL BETWEEN |
| | LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO | ellusion 24 hours |
| | ANTECEDENT CAUSES COLON AND A | cart Derive ? |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, | About years |
| | [E] II (C) | |
| | OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| | 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED ZIF. HOW DID TNJURY OF INJURY | TY OCCUR! • YES L NO L |
| | m. WHILE AT NOT WRILE | |
| | 22. I hereby certify that I attended the deceased from Jun 7, 19360 | 19. That I last saw the |
| ľ | deceased alive on 719 34 and that death occurred at 12 payrons | the causes and on the date stated above. |
| | Tonard Wallenstein 8 48 W 3 | 6 14 //6/3 L LOCATION (City, town, or county) (State) |
| | 240. USINIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. BUILD REMOVAL (Specify) Jan. 18, 1956 D. W. J. Ruge B. | etimore and |
| | DATE RECEIVED BY PREGISTRAR'S SIGNATURE LOCAL/REGISTRAR CAN B. Woland | + M 111 A |
| 1 | | |



TO ATTENDING PHY

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the altending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00258

Reg. Dist. No. 20

| 2.0 | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | |
|--|--|--|--|--|
| COUNTY A 7 7 7 MARYLAND | STATE MARY COUNTY 12-18041 | | | |
| CITY (If outside corporate l'mits, wate RURAL LENGTH OF STAY | CITY (Moutside corporate limits, write RURAL, and give nearest town) | | | |
| OR and give noticest town | TOWN Rattenance | | | |
| HOSPITAL ON | STREET (ILrural give Igcation) | | | |
| INSTITUTION OR STREET ADDRESS | ADDRESS 200 11 11 1000 Va. " | | | |
| William the Michigan Con | e 1904 W. Colle Springsone | | | |
| 3. NAME OF (First) (Middle) | (Left) A. DATE (Month) (Day) (Year) | | | |
| (Type or Print) Towns de Co. | West DEATH / 20 1956 | | | |
| 5. SEX 6. COLOR ON 7. SUGIE, MARRIED, 6. DATE O | | | | |
| May Tall to Bootily I da and I wa | 12 18 77 Tyrs. Months Days Hours Min. | | | |
| JOB USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS done during most of working life, even if OR INDUSTRY | 11. BUTHPLACE (State of foreign confirs) 12. CITIZEN OF WHAT | | | |
| | COUNTRY? | | | |
| 13. FATHER'S DIAME? | 14. MOTHER'S MAIDEN NAME | | | |
| 411- 4110 2-1 | 1. MODELLO MINISTA MAINE | | | |
| Whas buller | Military Col | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (Wes, give wer or detes of service) | 17. INFORMANT & ADDRESS the files of | | | |
| 18.32-15.4 | 6 Misa h Veren III Stone good 2714 kd | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION INTERVAL BETWEEN ONSET AND DEATH | | | |
| A 2 | | | | |
| 1 IMMEDIATE CAUSE (A) DILLINOTOR | .)/// | | | |
| ANTECEDENT CAUSE(S) DUE TO | L. 0,- | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | 1414 | | | |
| STATING UNDERLYING CAUSE LAST, DUE TO | Perose- | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | and out | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | | |
| | YES NO NO | | | |
| 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | (Stete) | | | |
| IF FITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| 21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED While Not while | 211. HOW DID INJURY OCCUR? | | | |
| M. st work et work | | | | |
| 22. I hereby cartify that I attended the deceased from MIN | 19.5.5., to | | | |
| alive on | - 76 | | | |
| SIGNATURE | ADDRESS (Street, city, town, state) DATE SIGNED | | | |
| Cliff facett . I' M.O. 4 | 665 Til mer dra and 1/21/27 | | | |
| 23. BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETERY OR | CREMATORY - LOCATION (City, town, gr county) (State) | | | |
| PRINOVAL (SPECIEV) | Marine of Matter - hel | | | |
| 21. REQ'D BY REGISTRAR REGISTRAR'S SIGNATURE | 1/25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. | | | |
| (L , et 19.17 / 1/16 1/ | Figure 1 The STATE WAS HELT | | | |
| DATE yar. 71 100 1 : 6. Parry | 1-42mil Has Son HK NAM | | | |
| | 0 1 100 15 NS | | | |



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MARYLAND STATE DEPARTMENT OF HEALTH

272

CERTIFICATE OF DEATH

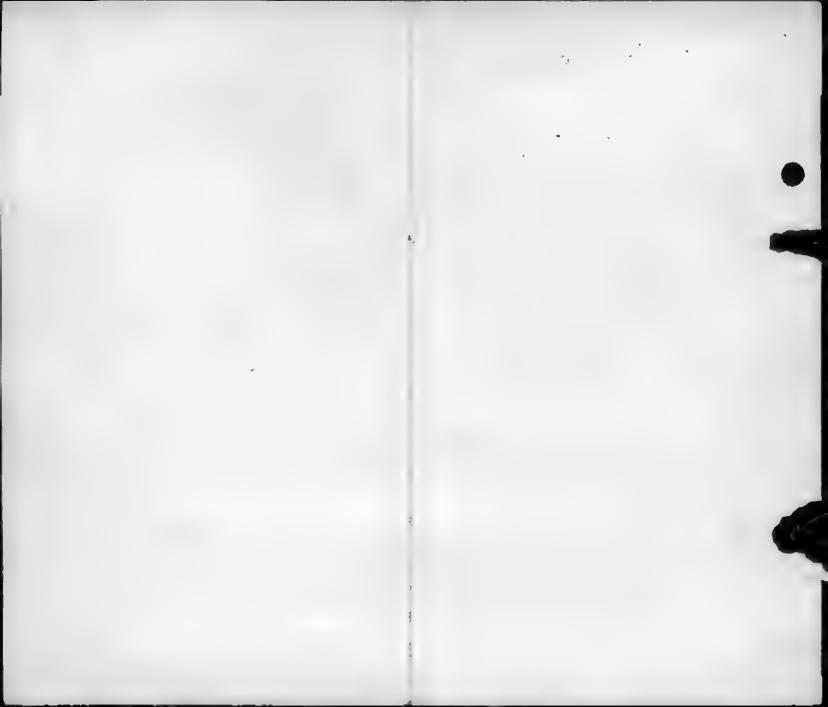
| ı | FOR MEDICA | L EXAMINERS | Reg. Dist. No |
|---|---|---------------------------------|---|
| | I. PLACE OF DEATH- | 2. USUAL RESIDENCE (HON | (E) OF DECEASED. |
| I | MARYLAND | 141 10 1 | |
| 1 | CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR (In this place) | OR PA | imits, write RURAL and give nearest town) |
| 1 | HOSPITAL OR | STREET | (If rural, give location) |
| | INSTITUTION OR STREET ADDRESS, BUt yettel wis being. | ADDRESS 420 | S. NEWKIRK ST. |
| | 3. NAME OF DECEASED (First) (Middle) | 1 | DATE (Month) (Day) (Year) |
| ı | (Type or Print) If (1) ///Chack | Goecke | DEATH AC 1906 |
| | COLOR OR RACE 7. SINGLE, MARKED. WIDOWED. DIVORCED. (Specify) MARKIE | | AGE last birthday If under I year If under 24 hrs. Hours Min. |
| | ton, USUAL OCCUPATION (Give kind of work) tob. Kind of Business on | | |
| | done during most of working life, even if retired) INDUSTRY, STEEL CO. | BALTIMORE, | MD. COUNTRY S.A. |
| ł | | 4 | |
| ı | OTTO GOECKE | 1 17. INFORMANT AND ADD | POHLEDER. |
| 1 | 15. WAS DECRAMED EVER IN U.S. ARMED FOROMS 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) wervice) 10. | LILLIAN GO | and the contract of |
| Н | IS. MEDICAL C | | |
| ł | 1. DISEASES OR CONDITIONS DIRECTLY MADING TO DEATH | 1 40 | INTERVAL BETWEEN ONSET AND DEATE |
| 1 | | 7 | Stra Falling |
| | Immediale cause (a) Coursource | nacuu Im | scur- juna |
| 4 | Antecedent cause(s) | 9,0 | |
| Н | Diseases or conditions, if any, (b) | rabore & lac | us to ye - |
| ı | giving rise to the above cause atating the underlying cause last | , | / |
| П | (6) | | |
| 1 | H. OTHER SIGNIFICANT CONDITIONS | | |
| | Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 1 | 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 7 | 11-2-1 | | Yes T No De |
| | 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street | | VN) (STATE) |
| 1 | 21. EXTERNAL AUSE WAS PRIMARY DOS CONTRIBUTING OF CHIEF THE PRIMARY DOS CONTRIBUTIONS OF CONTRIBUTION | ILL NARROWS IT. | Palty - Mrd. |
| | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCU | |
| 1 | OF INJURY / - 20-56-45 m. While at work Not while at work | Herek Wis Caugh | Softwee Crane of furnace |
| 1 | 22. I certify that I took charge of the remains described above, held an | Autopsy [Inspection B, | Inquiry [Thereon and from the evidence |
| 1 | obtained by said Autopsy, Inspection or Inquiry, find that said dec | ceased died on the dry stated a | bove, and death in my opinion resulted |
| 1 | from: natural causes [] accident [], suicide [], homicide [] | ADDRESS | DATE SIGNED |
| 1 | SIGNATURE (Degree or title) | A : | . 1 1 - 11 |
| | IN A Dawn on A Ny May 4aug. | - Allen Lalli. | |
| | | | ATION (City, town, or county) (State) |
| | BURIAL 1-24-56 BALTS, NA | TIONAL CEM. 55 | OF PREDERICK HUE MB. |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | 901 S. CONKLINADDRESS. |
| 1 | 1193/36 (1.11 Skarich | Canarles Si delles | BALTO. 14, MD |

MARGIN RESERVED FOR BINDEN

PLEASE WILTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED Baltimore COUNTY Maryland MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY TOWN Catonsville TOWN Pikesville HOSPITAL OR STREET (If rural, give location) INSTITUTION OR Spring Grove State Hospital ADDRESS L Salem Court 3. NAME OF (Middle) 4. DATE (Month) (Day) (First) (Times 9. AGE last birthday if under 1 four House Min. DECEASED Jeanette Goldberg 8. DATE OF BIRTH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specity) Married 6. COLOR OR RACE Female White II. BIRTIPLACE (State or foreign country) 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)
HOUSEWITE INDUSTRY Maryland 13. FATHER'S NAME Unknown Unknovm 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) OWN Records Spring Grove State Hospital Unknown INTERVAL BETWEEN ONSET AND DEATE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Pulmonary abscesses Unic. Immediate cause Antecedent cause(s) Unk. Diabetes Mellitus Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not Approx5wks Fracture of right hip related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY No 🗆 (CITY OR TOWN) 21. EXTERNAL CAUSE WAS PLACE (Home, form, factory, street, (COUNTY) office bldg., etc.) Home PRIMARY OR CONTRIBUTING X Baltimore Md. Fikesville CAUSE OF DEATH. INJURY HOW DID INJURY OCCUR? Unknown. Family states TIME (Month) (Day) (Year) (House) INJURY OCCURRED While et INJURADDOOX.12-20-554 work at work X she fell while at home. 22. I certify that I took charge of the remains described above, held an Autopsy x. Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [3] accident [4], suicide [4], homicide [5], undetermined [5]. (Depree or title) ADDRESS DATE SIGNED SIGNATURE 1010 Leeds Avenue 1-17-56 CREMATION (State) TE THEREOF LOCATION (City, town, or county)

Supply every its write the causes INK. please INFADING I Physicians: 5 2 myortant PLAINLY sespecially WRIT ASS لعا

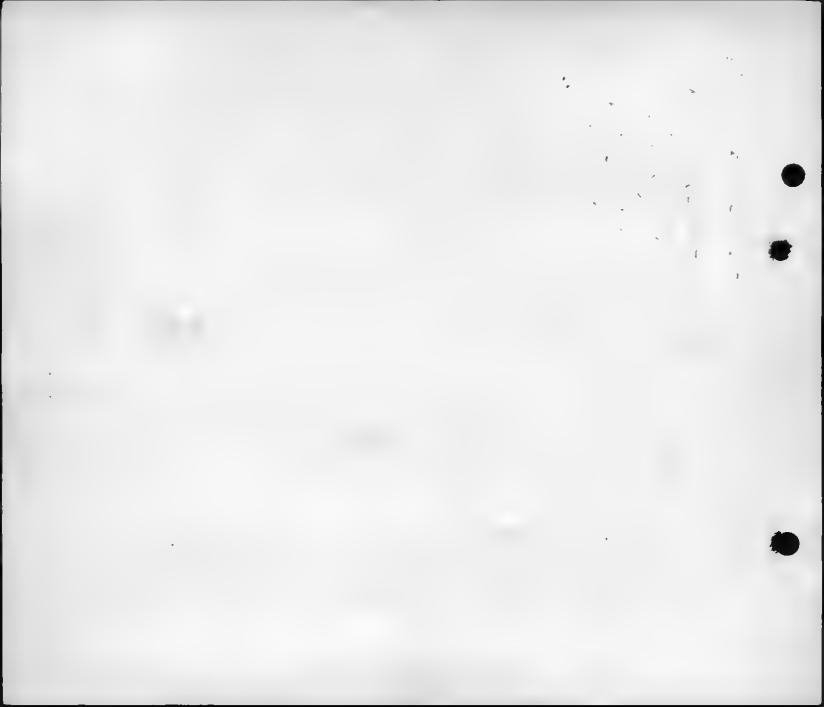
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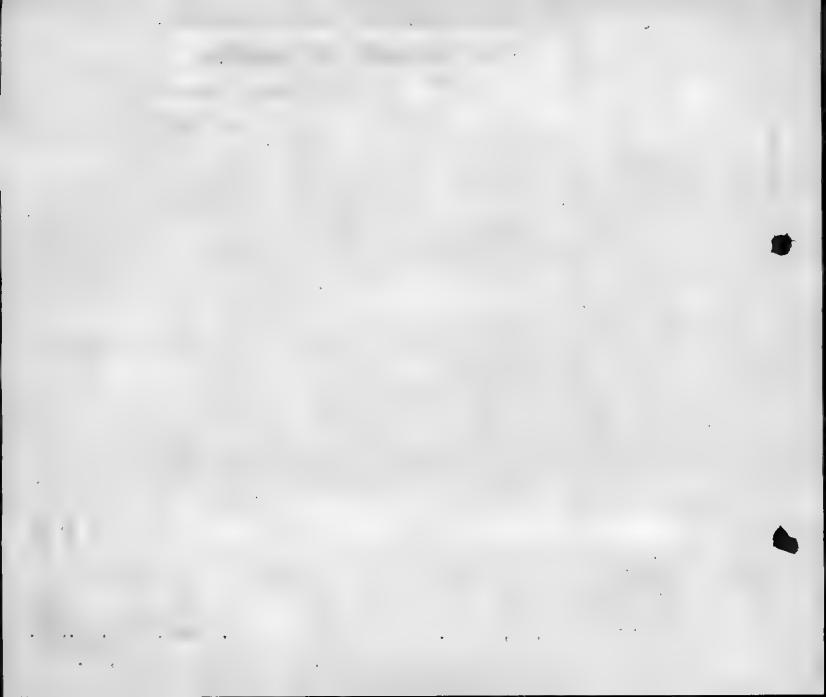
correct

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of information carefully death clearly and legibly.

item es of d





ADDRESS

CERTIFICATE OF DEATH Reg. Dist. No. 5carefully legibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore STATE Maryland COUNTY MARYLAND COUNTY Baltimore CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY and and give nearest town) inf = rmation (in this place) OR TOWN Catonsville TOWN Reisterstown Week early HOSPITAL OR STREET (If rural give focation) INSTITUTION OR 16 Fusting **ADDRESS** STREET ADDRESS Nicodemus Road 7 3. NAME OF (First) (Middle) (Last) DATE (Month) ath (Day) (Year) of DECEASED: OF (Type or Print) Joseph Milton 1956 DEATH: item P 5. SEX: 6. COLOR OR | 7. SINGLE, MARRIED. 8. DATE OF 9. AGE last birthday IF UNDER WIDOWED, DIVORCED, (Specify):Single YEAR RACE: 1 83 Months Days Hours every CAMSIS OA USUAL OCCUPATION Give kind of 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT or inpustry. even if retired): Harmer Maryland COUNTRY? UYA pply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 4 Su George W Gosnell Keziah 🗈 Gosnell write IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 17, INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO. FOR X (Yes, no, or unk.) (If Yes, give war or dates Daniel Phillips Reisterstown Md Z None No of service) eall Ö 18. MEDICAL CERTIFICATION ERVED INTERVAL BETWEEN Z DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ā ONSET AND DEATH DI Physicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. important. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH PLAIN 19A. DATE OF OPERATION 198. MAJOR FINDINGS 20. AUTOPSY YES T NO / especially 21A ACCIDENT WAS UNDERLYING 21s. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? RIT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED While | Not while | 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY at work st work 97 2 0 90 22. I hereby certify that I attended the deceased from ! - 6 . 1956 to / 13 , 1956, that I last saw the deceased 国 60 . 1956, and that death occurred at 5.30. M, from the causes and on the date stated above. alive on /-/3 TYP correct SIGNATURE DATE SIGNED SE Moure 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) ⋖(Reisterstown Meth Cen Rei sterstown 区 Ma

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DATE REC'D BY LOCAL

REGISTRAR

REGISTRAR'S

SIGNATURE

FUNERAL DIRECTOR

Wm

Berryman & Sons Reisterstown

BISEVO A. S.

DECEIVED



| MARYLAND STATE DEPARTMENT OF H | EALTH—BALTIMORE, 18 | k2.0/4st. |
|--|--|--|
| MEDICAL EXAMINER'S CERT | TIFICATE OF DEATH | No. 3/ |
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| COUNTY BY HELLOW (SUL SA MARYLAND | STATE MAL COUNTY PERAL | PK. |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits write RURAL and | give nearest town) |
| OR and give nearest town (In this place) | TOWN TOWN | : 1. X 2 |
| HOSPITAL OR INSTITUTION OR | STREET / (If rural, give location) | |
| STREET ADDRESS | AUDRES OCCUMENTE R. D. # 3 | 1 |
| 3. NAME OF (Eirst) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day) | (Year) |
| (Type or Print) (gett) Lee (Sya) | 1/20/ DEATH /- 7 | 19 56 |
| RACE: WIDOWED DIVORCED / | OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE | |
| (Specify) | 3, 1955 yrs. Months Day | 2 |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of work life. INDUSTRY: | | CITIZEN OF WHAT COUNTRY? |
| even if retired): Home Touc | MA. A | , s. A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| 15. WAS DECEASED EVER IN U.S. AND FORCES ? 16 SOCIAL SPOURTY NO. 1 | TALL OTHERING | |
| (Yes, no, or unk.) (If Yes, give waf or dates of | 7. INFORMANT & ADDRESS: | · 420 1 |
| The state of | Maybeal - Fyrance 2 | -, -, -, -, -, -, -, -, -, -, -, -, -, - |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | L CERTIFICATION | INTERVAL BETWEEN |
| 37:15 Mest. | 41 | ONSET AND DEATH |
| Immediate cause (a) (1) | | ******** |
| DUE TO Antecedent cause(s) | | |
| Diseases or conditions, if any, (b) | | |
| giving rise to the above cause DUE TO stating underlying cause last | | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | • | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | a t to obtain the terminal terms and the terminal terms and terminal termin | 20. AUTOPSY? |
| | | Yes T No 🖂 |
| 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY | 21c. (City or town) (County) | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while | 211. HOW DID INJURY OCCURT | |
| INJURY M. work at work | | |
| 22. I hereby certify that I took charge of the remains describe | | |
| find that death resulted from: Natural causes Accide | ent [], Suicide [], Homicide [], Undetern CHIEF MEDICAL EXAMINER [] | mined cause []. DATE SIGNED |
| DIGINATURE | DEPUTY MEDICAL EXAMINER | -7-/-7 |

PLEASE WRITE PLAINLY, WITH age is especially important. 23. BURIAL, CREMATION, BENOVAL (Specify):

DATE REC'D BY LOCAL REG. NAME OF LOCATION (City, town, or county) TEREOF CEMETERY OR CREMATORY DATE 1-9-56 P. Segistrar's signature. 24. FUNERAL DIRECTOR

(State) ADDRESS

VS. A15A - 5 - 53

Supply every item of information carefully. The correct write the causes of death clearly and legibly.

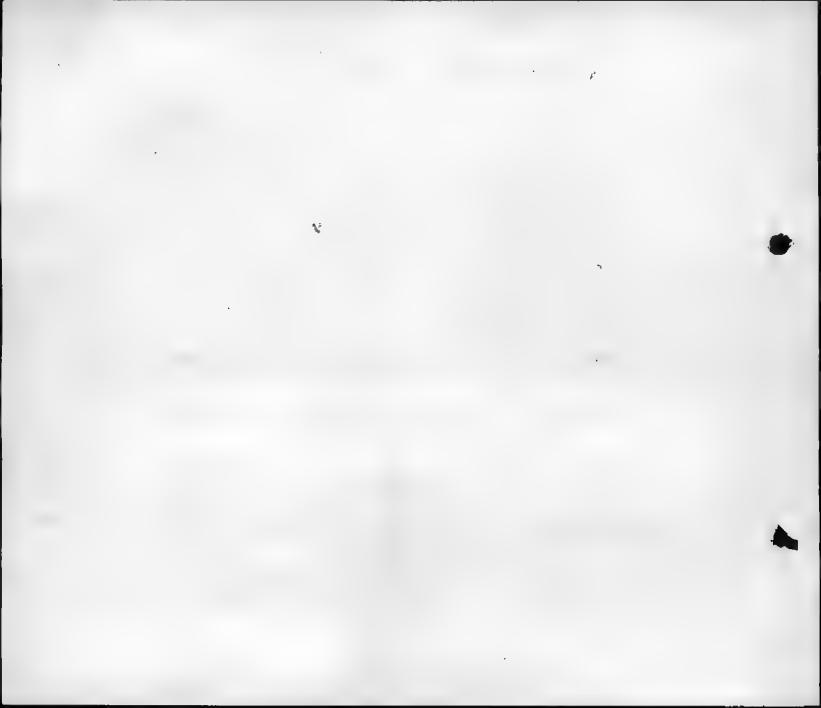
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UNFADING INK. Physicians: please

BUREAU V. F.

OBANTES OF S

| MARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply =very correct age is especially important. Physicians: please writm the cmuses | 10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spinner 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: | COUNTRY? |
|--|--|---|
| | 17' I by Martin 15. WAR DECEASED EVER IN U.S. ARMED FORCEST IS SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes. no. or unk.) (If Yes, give war or dates of service) 7 17. INFORMANT & ADDRESS: (Pring The Hourtal recommendation of service) | do |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH TIMMEDIATE CAUSE ANTECEDENT CAUSE (B: DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | interval Between onset and Death 5 disappears |
| | 19a DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21a ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory 21c, WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? | 20. AUTOPSY? YES NO State) |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR? While Not while Not while at work 22F. How DID INJURY OCCUR? While Not while Not while at work 22F. How DID INJURY OCCUR? While Not while Not while Not while Not work 22F. How DID INJURY OCCUR? While Not while Not while Not work 22F. How DID INJURY OCCUR? All 1957, that I last saw the deceased alive on the date stated above. PATE SIGNATURE M. D. Shire State May - 30 - 56 BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) BURIAL (SPECIFY) 212/56 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR DIRECTOR REGISTRAR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR DIRECTOR RE | |



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00266

PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY BALTIMORE STATE MARY LAND MARYLAND COUNTY (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give secrest town) end give neerest town) (in this place) TOWN FORT HOWARD Days TOWN BALTIMORE HÖSPITAL OR STREET (H rural give location) ADDRESS STREET ADDRESS VETERANS ADMINISTRATION 1916 PATTERSON PARK AVENUE 3. NAME OF (F est) (Middle) (Lost) (Month) DATE (Year) DECEASED WILLIAM GREENBORN (Type or Print) January 1256 COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. Months Hours MALE (Specify)MARRIED January h. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if 10b. KIND OF BUSINESS 11. BIRTHPLACE (Stelle or foreign country) CITIZEN OF WHAT OR INDUSTRY COUNTRY? retired) Purmo Man Beth. Steel Co. U.S. Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gustav Greenbern Unknown IS WAS DECEASED EVER IN U.S. APMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (if Yes, give wer or deles of service) (Yes, no. or unk.) Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md. 212-05-2750 Yes 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH CORONARY OCCLUSION 1 HOUR IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE DUE TO UNKNOWN ANTECEDENT CAUSE(S)

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH

CONGESTIVE HEART FAILURE

UNKNOWN 20. AUTOPSY?

UNKNOWN

19e. DATE OF OPERATION

21b. PLACE (Home, farm, fectory, OF INJURY street, office bldg., etc.)

196. MAJOR FINDINGS OF OPERATION

21c. WHERE DID INJURY OCCUR? (City or town)

NO X

21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year)

(Hour) 21e. INJURY OCCURRED

216. HOW DID INJURY OCCUR?

HYPERTENSIVE CARDIO-VASCULAR DISEASE

22. I hereby certify that Wattended the deceased from Dec. 29,

While Not while at work

to Jan. 6 MANAGER CONTROL and that death occurred at 2:35 ... PM, from the causes and on the date stated above.

SIGNATURE DE LE

VAH. Fort Howard, Maryland NAME OF CEMETERY OR CREMATORY

LOCATION (City, lown, or county)

ADDRESS (Street, city, town, state)

DATE SIGNED

REMOVAL (SPECIFY) Burial

Jan. 10. 19 Baltimore National Cametery Baltimore, Maryland

(County)

24. REC'D BY REGISTRAR

25. FUNERAL DIRECTOR'S SIGNATURE ULLRICH FUNERAL HOME

210 Belair Rd. Baltimare, Md.

BURIAL, CREMATION,

REGISTRAR'S SIGNATURE

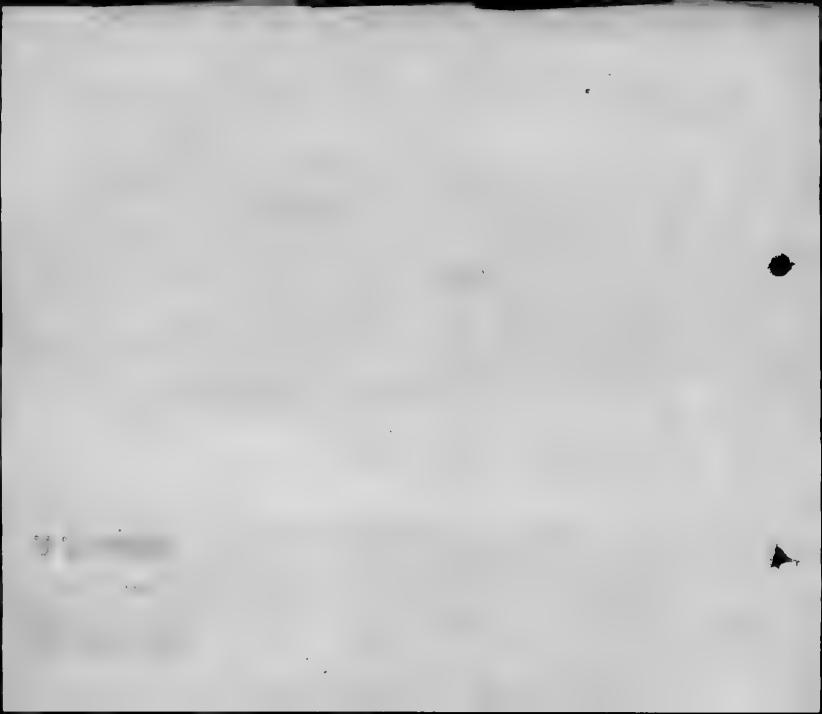
DATE THEREOF

DATE

TOWNERS & T

- di L II NAC

RESERVED



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF

00268

Reg. Dist. No....

281

DEATH

| 1. PLACE OF DEATH | 2. USUAL RE | ESIDENCE (HOME) OF DECEASED | |
|---|--------------------------|--|-------------------------|
| county Baltimore MARY | AND STATE ME | aryland county | |
| CITY (If outside corporate limits, write RURAL LENGTH C OR and give nearest town) (in this | | ide corporate limits, write RURAL end give neare | est town) |
| | | altimore | * |
| HOSPITAL OR | STREET | (If rure) giva location) | |
| street Address eterans Administration Ho | ADDRESS 21 | 19 Arunah Avenue | |
| 3. NAME OF (First) (Middla) | (Lest) | 4. DATE (Month) | (Dey) (Year) |
| (Type or Print) | CD TLXD | OF DEATH January | |
| 5. SEX 6. COLOR OR 1 7. SINGLE, MARRIED. | GRIFR B. DATE OF BIRTH | 9. AGE last birthday IF UNDER 1 | 5 1956 |
| RACE WIDOWED, DIVORCED, | | Months | Days Hours Min. |
| mare colored Married | August 4, 1918 | 37 yes. | |
| 10a USUAL OCCUPATION (Giva kind of work done during most of working life, even # OR INDUSTRY | 55 11. BIRTHPLACE (Stat | | CITIZEN OF WHAT |
| retired Laborer Railroad | Waynesbor | | J. S. A. |
| 13. FATHER'S NAME | 14. MOTHER'S | MAIDEN NAME | |
| Clinton Grier | Sarah I | ightner | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC | | IANT & ADDRESS | |
| Yes WW II 249-05-2 | 187 Clin B | ec., Vet. Adm. Hosp., Ft. | Horrand Jd |
| 18. ME | DICAL CERTIFICATION | ee rearrange in the second | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) DISEMINATE | D LUPUS ERYTHEMAT | USIS | 2 YEARS |
| ANTECEDENT CAUSE(S) DUE TO | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | | | |
| STATING UNDERLYING CAUSE LAST, DUE TO | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | |
| TO THE DEATH BUT NOT RELATED TO THE | | | |
| DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION J 19b. MAJOR FINDINGS OF OPERATIO | N | | 20. AUTOPSY? |
| | | | YES V NO |
| 21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OF INJURY street, office bldg., et (IF ETHER, NOTIFY MEDICAL EXAMINER) | ry, 21c. WHERE DID INJUR | Y OCCUR? (Gity or town) (Count | y) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCC | URRED 21f. HOW DID INJUR | Y OCCUR? | |
| M. at work at | work | | |
| 22. I hereby certify that X attended the deceased from | Dec. 2 19.55 to | Jan 5 19.56 19.80 | DEK MANDA MANDA MANDA M |
| xaliveornocococococo o 12 x000000, and that death | | | |
| SIGNATURE / ///// ///// | 1 | ADDRESS (Streat, city, town, state) | DATE SIGNED |
| Donald D. Mark, D. Mulley | M.D. VAH, FORT H | | 1-6-56 |
| | CEMETERY OR CREMATORY | LOCATION (City, Iown, or county) | (State) |
| Burial 1-10-1956 Balt | imore National Ce | m, Baltimore, Mary | d and |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25 FUNERAL DIR | COOR'S SIGNATURE A | ADDRESS |
| A Total | Less Co | 1. 1 (us) | D 71 12 |
| DATE Alawson a · Da | ther liksteph L. | Russ. 2222 W. North A | we Balto Ac |

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director, the third

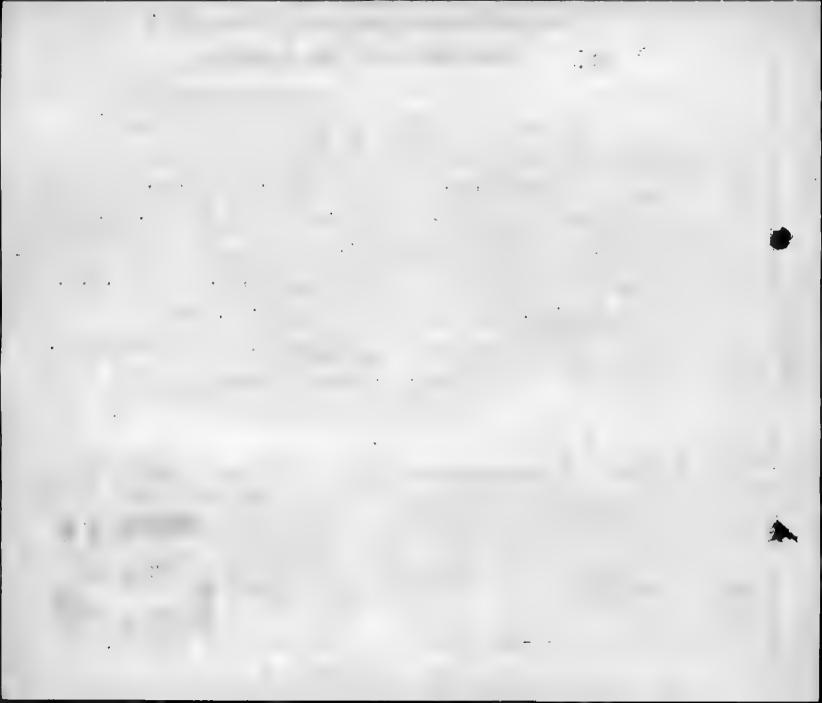
death,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00269

| | | | | 2. USUAL RESID | ENCE (HOME) OF | DECEASE | D | |
|--|--|---|--|--------------------------------------|--|------------------------------|--------------|------------|
| COUNTY Baltin | more | MARYL | AND | STATE Maryl | and coun | ry Bali | timore | |
| CITY (If outside corporete limit OR and give nearest town) | Is, wrife RURAL | LENGTH O | | CITY (If autude co | porete limits, write RUR | AL end give nee | rest fown} | |
| TOWN . | Marsh | Life | | TOWN WIT | ite Marsh | | | |
| HOSPITAL OR INSTITUTION OR | | | | STREET ADDRESS | (il rure | I give location) | | |
| | White Mar | sh. Md. | | | ite Marsh, | Md. | | |
| 3. NAME OF (F) | ral) | (Middle) | | (Last) | 4. DATE | Month) | (Day) | (Yeer; |
| (Type or Print) Ann | | Louise | | Grimm | DEATH | Jan. | 9, | 19 56 |
| 5. SEX 6. COLOR OR RACE | 7. SINGL | E, MARRIED, WED, DIVORCED, | 8. DATE | OF BIRTH | 9. AGE lest birthday | | | INDER 24 H |
| Female White | (Specil | Single | July | 13, 1945 | 10 , | rrs. Months | Deys H | lours Min |
| On. USUAL OCCUPATION (Give ki done during most of working li | nd of work | 10b. KIND OF BUSINES. OR INDUSTRY | S | 1). BIRTHPLACE (State or fo | oreign country) | 12 | COUNTRY | |
| retired) None | | | | White Mars | sh. Md. | 1 | J. S. A | |
| 3. FATHER'S NAME | | | | 14. MOTHER'S MAIDE | | | | |
| Fran | cis O. Gr | imm | | Sar | ah E. Cougl | Le | | |
| IS. WAS DECEASED EVER IN U. S. | . ARMED FORCES? | 16. SOCIAL SEC | URITY NO. | 17. INFORMANT | ADDRESS | | | |
| (Yes, no, or unk.) (If Yes, give we | er or deles of service | None | | Francis | Crimm I | White Ma | arch t | rd. |
| ANTECEDENT CAUSE(| | Proval | ely | Kertus | sis | | T 31 | 412 |
| DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE L | ANY, (B) AST. DUE TO | Proval | rly | Pertus | sis | | 31 | yes |
| DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE L | ANY, (B) AUSE DUE TO AST. (C) AS CONTRIBUTING D TO THE | Probab | rly | Pertus | sis ' | | 31 | yes |
| DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE L. II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN 196. DATE OF OPERATION | ANY, (B) AUSE DUE TO AST. (C) IS CONTRIBUTING D TO THE NG DEATH. 19b. MAJOR F | INDINGS OF OPERATION | oly | Pertus | sis ' | | 20. AI | UTOPSY? |
| DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE L. II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINATION CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINATION CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINATION CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINATION CONTRIBUTION | NY, (B) USE TO (C) IS CONTRIBUTING D TO THE IG DEATH. 1 19b. MAJOR FI 1 19b. PLA AATH OF INJUR | CF (Home, farm, lectory Y street, office bfdg., etc | Y.; | Pertins 21c. WHERE DID INJURY OCC | CUR? (City or lown) | (Cour | YES [| |
| DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE L. II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE. | NY, (B) USE TO (C) IS CONTRIBUTING D TO THE IG DEATH. 1 19b. MAJOR FI 1 19b. PLA AATH OF INJUR | CE (Home, farm, lectory Y street, office bidg., etc. or) 21e. fNJURY OCCL While No | Y.; | 21c. WHERE DID INJURY OCC | | (Cour | YES [| NO 🗍 |
| DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE L. 11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMIN 21d. TIME OF INJURY (Month) (1) | NY, (B) NUSE OUE TO (C) IS CONTRIBUTING DITO THE IG DEATH. 19b. MAJOR FI 3 | CE [Home, ferm, lectory street, office bidg., etc. or] 21e. fNJURY OCCL While No L. et work at the deceased from A | OCCURRED OCC | 21f. HOW DID INJURY OC. 19.1 10, to | causes and on the Cocation (City, | e date state lown, stele) | last saw the | NO [|
| DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE LIT OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINATION CONTRIBUTION OF INJURY (Month) (INTERPRETATION OF INJURY CONTRIBUTION OF INJURY (MONTH) (INTERPRETATION OF INJURY CONTRIBUTION OF INJURY (MONTH) (INTERPRETATION OF INJURY (MONTH) (INTERPRETATION OF INJURY (MONTH) (INTERPEDIATE OF INJURY (MONTH) (INTERPRETATION OF INJURY (MONTH) (INTERPEDIATE OF INJURY (INTE | AST. (C) AST | CE (Home, ferm, lectory vareer, office bridge, etc. 21e. fNUURY OCCL. While No. et work at the death NAME OF | OCCURRED OCC | 21f. HOW DID INJURY OC. 19.1 10, to | courses and on the causes and on the causes (Street, city, | e date state lown, stele) | last saw the | NO (State) |



00270

Edmondson AVE

| * | 283 | C | ERI | rific | CAT | E OF | DEA | TH | Reg. Di | et No | 31 |
|---|----------------------------|----------------------|------------------------------|---------------------------------|--------------------------|------------------|--------------------|--|--------------|-------------|---|
| J. PLACE OF | DEATH | | | | | 2. USUA | L RESIDEN | CE (HOME) OF | | | *************************************** |
| COLUMN TO | Bo7 f | dmono. | | | | | | | | | |
| COUNTY Baltimore MARYLAND CITY (If outside corporata limits, write RURAL LENGTH OF STAY) | | | STATE CITY (| | Land COUNT | | | 8 | | | |
| OR end give nearest town) (in this piece) | | | OR TOWN | | | r mitor Branch | warmst sowilly | | | | |
| HOSPITAL OR | 11 | LOOGTSW | 'II | 4 | yrs | | Woodla | | | | |
| INSTITUTION O | | Gwynn | Oak | Ave | | STREET ADDRES | 1924 | | ak At | | |
| 3. NAME OF DECEASED | <,(First) | | (N | Aiddle) | | (Lest) | | | Aonth) | (Day) | (Yaar) |
| (Type or Print) | Anna | 1 | | E. | Gri | mmer | | OF DEATH | Jan. | 23 | ,56 |
| 5. SEX | 6. COLOR OR | 7. SINGLI | , MARRIED | D, | 8. DATE | | 9 | . AGE fast birthday | | ER 1 YEAR | IF UNDER 24 HRS |
| F. | RACE | (Specif | WED, DIVO | ried | Oct.7 | 0.1903 | | 52 yr | Months | Days | Hours Min. |
| 10a. USUAL OCCUP | ATION (Give kind | of work | 10b, KIND | OF BUSINES | | 11. BIRTHPLACE | E (Stale or foreig | | * | 12. CITIZEN | OF WHAT |
| | ost of working life, | | | NDUSTRY | | Dall 44 | Imama 1 | ra . | | COUN | TRY? |
| 13. FATHER'S NAM | | | muuz | lers | | | ER'S MAIDEN N | | | U.S. | E. • |
| | | Transla o | | | | | | CIVILE . | | | |
| 15. WAS DECEASEI | | Kurtz | | SOCIAL SEC | TIDITY NO | - | nna. | DO DENC | | | |
| (Yes, no, or unk.) | (If Yes, give were | | | | | | FORMANT & A | ** | 706 | 34 6 | |
| | <u> </u> | | [2] | 4-03- | | LLK .1 | taymon | l Grimme | r, Ta | | ynn Oak |
| I DISEASES OR CO | ONDITIONS DIRECT | LY LEADING TO | DEATH | 16, ME | DICAL CE | RTIFICATION | ~ | | | | ET AND DEATH . |
| 11 / Imm | EDIATE CAUSE | (A) | 1 14 | anau | 1 NA | MINALA | 71 - | | | 11 | tall- |
| | EDENT CAUSE(S) | DUE TO | <u> </u> | 1 1 | | 1 | 11 1 | 7-1 | | | 7 |
| DISEASES OR CON | IDITIONS, IF ANY | (a (B) _/ | 1000 | ec (Je | nach | ull A | east | tallere | . — | 21 | 705- |
| GIVING RISE TO T STATING UNDERLY | HE ABOVE CAUSING CAUSE LAS | E DUE TO | Chr | MICE | 1/6/1 | genetic) | 1 Har | y disea | re | | |
| 11 OTHER SIGNIFICA | ANT CONDITIONS I | | | / | 1/ | -3 | / | , , , , | | | alea . |
| | DITION CAUSING | | | foll | Felle | umala | PAL | - | | 45 | react |
| 19e. DATE OF OPER | | 19b. MAJOR FI | NDING\$/0 | F OPERATIO | N | | V | | | 20 YES | AUTOPSY? |
| OR CONTRIBUTING [| CAUSE OF DEAT | H OF INJURY | | ferm, factor fice bldg., etc | | 21c. WHERE DID | INJURY OCCUR | (City or town) | (Co | unty) | (Stata) |
| 21d. TIME OF INJUR | tY (Monih) (De) | r) (Year) (Hou M. | r) 21e. f While et wor | | JRRED I while work | 21f. HOW DID | NJURY OCCUR | ? | | | |
| 22. I hereby | certify that I | attended the | e deceas | ed from | RUNE! | 1954 | 10 JA | 123,195 | G share | I lost son | the deceased |
| alivé/onV. | / | | | | | | from the a | uses and on the | - Hoto oto | i lasi san | ine deceased |
| SIGNATUR | | 100 | 17 | douill | - | / / | | ruses and on the 耳音字 (Street, sity, t | | n an anove |). ATE SIGNED |
| Mome | 46. | Mule | ler | | M.0.54 | 00/ (ly | mask | 1 - Bull | () - | - / | 125/56 |
| 23. BURIAL, CREMA | ATION, I | ATE THEREOF | | NAME OF | CEMETERY O | R CREMATORY | | LOCATION (City, I | own, of cour | ily) | (Stete) |
| Buria | | an.26/ | 56 | Loud | on Pa | rk | | Baltim | ore. | Hd. | |
| 24, REC'D BY REGI | | EGISTIAR'S SIG | | - / | | | DIRECTOR'S S | IGNATURE / | | ADDRESS | |

FUNERAL DIRECTOR'S SIGNATURE

INSTRUCTIONS

te be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death cartificate be filed with the registre within TE Fours offer death. After this certificate has been executed by the attention and completely filled in by the funeral lirector, the third death cartificate assemily should be detached for use as a burial transit permit.

VS XISE 155 10M The bottom copy may be retained by the hospital or attending physician. 9

OS. NA NA STATE

| - | 0 | 燕 |
|-----|-----------|---------|
| . , | 52 | 4 |
| 1. | 63 | No. All |

CERTIFICATE OF DEATH

eg. Dist. No. 38

| 100 | 402 CERTIFICATI | Y OF DEATH Reg. Dist. No. 2. 4 | | | | |
|----------------------------------|--|---|--|--|--|--|
| | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | | |
| legibly. | COUNTY Beltimere MARYLAND | STATE Maryland COUNTY Baltimere | | | | |
| tion ca | CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place) | CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON | | | | |
| format learly | HOSPITAL OR INSTITUTION OR STREET ADDRESS 1642 Yakona Road | STREET (If rural give location) ADDRESS 1642 Yakena Road | | | | |
| y item of information carefully. | DECEASED: (Type or Print) CATHERINE ELIZABETH GROOM | (Last) 4. DATE (Month) (Day) (Year) OF January 25, 19 | | | | |
| | Female White (Specify): Married Octobe | r 7, 1873 9. AGE last birthday Months Days Hours Min. | | | | |
| y every | WORK done during most of working life, even if retired): Housewife Own Home | New Jersey USA 12. CITIZEN OF WHAT | | | | |
| pply | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | | |
| | George W. Wilson | Christine Sellars | | | | |
| K. Wri | IN. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | | | |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) NONe | HarryvGroen, 1642 Yakona Md., Towson, Md. | | | | |
| DING | 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (5) | oma of Corression bile dust - 3 ms-2 | | | | |
| ITH | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | | | | | |
| W nt. | (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | |
| AINLY, Wimportant. | TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| NE | DISEASE OR CONDITION CAUSING DEATH. | N 20. AUTOPSY? | | | | |
| LAI | . MAJOR FINDINGS OF OPERATION | | | | | |
| | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County) (State) | | | | | |
| S- 20 | OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | | | | |
| ■ OR | 22. I hereby certify, that I attended the deceased from 1415 | , 1954, to // +5 , 1976, that I last saw the deceased | | | | |
| TYP | SIGNATURE Signature Signature M | M, from the causes and on the date stated above. ADDRESS DATE SIGNED DESTRUCTION OF THE SIGNED | | | | |
| PLEASE | | ery or crematory LOCATION (City, town, or county) (State) 11 Cometery Towson, Maryland | | | | |
| PL | PARE REC'D BY LOCAL REGISTRAD'S SIGNATURE PREGISTRAD MANUEL Mray | John Burns Sons, Towson, Maryland | | | | |

VS. A15-10-53

Marcha reserved for bindin

'S 'A Maill'

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00272

285

I. PLACE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

| | county Baltimore | MARYI AND | state Maryland county | | | | |
|-----------|--|--|--|-------------------------------------|--|--|--|
| | CITY Ilf outside corporete limits, write RURAL | LENGTH OF STAY | CITY (if outside corporate limits, write RURAL end give neer | est town! | | | |
| | OR end give necrest town) | (in this place) | 1 OR | | | | |
| | rold noward, n | . 49 Days | TOWN Baltimore | * | | | |
| | HOSPITAL OR INSTITUTION OR | | STREET (If rurel give location) ADDRESS | | | | |
| | STREET ADDRESS Veterans Admin | istration Hospital | 827 Washington Boulevar | [*] d | | | |
| | 3. NAME OF (First) (Middle) | | (Lest) 4. DATE (Month) | (Day) (Year) | | | |
| | (Type of Print) GEORGE | H. GI | ROSS DEATH January | . 2 | | | |
| | | F, MARRIED, 8. DATE O | ominarly | | | | |
| | RACE WIDO | WED DIVORCED | Months I | Deys Hours Min. | | | |
| | | | 1 27, 1892 63 yrs. | | | | |
| | 30e. USUAL OCCUPATION (Give kind of work done during most of working life, even if | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 | CITIZEN OF WHAT | | | |
| 1 | | Grain | Baltimore, Maryland | U. S. A. | | | |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | 0 0 0 110 | | | |
| | George H. Gross | | Carrie Slicken | | | | |
| | IS. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS | | | | |
| | (Yas, no, or unk.) (If Yes, give wer or dates of service |) | | | | | |
| | Yes WW I | Unknown | Clin.Rec., Vet.Adm. Hosp., Ft. | | | | |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO | 18. MEDICAL CER | TIFICATION | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | IMMEDIATE CAUSE (A) C | HR INTO ARTERTOSCIA | EROTIC NEPHRITIS | 3 YEARS | | | |
| | , | YPERTENSION | which is the sign and sign as a shall the state of the sign and the si | | | | |
| | DISEASES OR CONDITIONS, IF ANY, (B) | LIENTENDICA | | | | | |
| | GIVING RISE TO THE ABOVE CAUSE DUE TO | | | | | | |
| | (C) | | | | | | |
| | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | 37 37 WWW. TTTY'S TET 8 YARD TO | A T T T T T T | 0 100 770 770 | | | |
| | DISEASE OR CONDITION CAUSING DEATH. | NGLSTIVE HEART FA | ALLURE | 3 MONTHS | | | |
| | 19a. DATE OF OPERATION 19b. MAJOR F. | NDINGS OF OPERATION | | 20. AUTOPSY? | | | |
| | | | | YES NO | | | |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY | CE (Home, ferm, fectory, f street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or lown) (Coun | (State) | | | |
| | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | |
| | 21d. TIME OF INJURY (Month) (Day) (Yaer) (Hou | While - Not while - | 214. HOW DID INJURY OCCUR? | | | | |
| | | at work | | | | | |
| | 22. I hereby certify that A attended th | | , 19.55 , to Jan. 3 , 19.56 , WARK | | | | |
| | XIXX EXCOCCCCCCCCXXIIICCCCCX | XX and that death occurred at | 1:40P.M, from the causes and on the date states | d above. | | | |
| 10M | SIGNATURE (F) 1/1 | 1 C7/11/20 V2 | ADDRESS (Street, city, town, stele) | DATE SIGNED | | | |
| | Donald D. Mark. M.D. | L' CULCEC. | VAH. FORT HOWARD, MARYLAND | 1-4-56 | | | |
| <u> </u> | 23. BURIAL, CREMATION, DATE THEREOF | NAME OF CEMETERY OR | CREMATORY LOCATION (City, town, or county) | (Stata) | | | |
| A15C 1-55 | - 1/6/37 | D-144 No | Deltinon Me | | | | |
| VS A | 24. REC'D BY REGISTRAR REGISTRAR'S SIG | Baltimore Na | ational Baltimore, Mar | V L atrice | | | |
| - | 115/11 11/11/ | Auch In . | | Da Darie Ma | | | |
| ļ | DATE // 0/3 Local/40 | | nn.Cook-Blight, Inc. 6039 Harford | Rd.Balto.Ad. | | | |
| | Dans | on a tarter | | | | | |

THEFTO A. E.

715 "

, , 286

00273

CERTIFICATE OF DEATH

Reg. Dist. No. 3.7

| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|------|--|--|
| | COUNTY BULLETHATE MARYLAND | STATE Matuland COUNTY Balto. |
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate fimits, write RURAL and give neerest town) |
| | OR and give nearest town) (In this place) | OR A |
| | CICKEUSVIIE FIFE | TOWN COCKEYSVILLE |
| | HOSPITAL OR INSTITUTION OR | STREET (II jural give location) |
| | STREET ADDRESS | ADDRESS BOSIEY AVE |
| - 1 | 3. NAME OF (First) . (Middle) | |
| | DECEASED | |
| | (Type or Print) Rebecca VIT9/11/10 It | alhes DEATH 31 1956 |
| | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF WIDOWED, DIVORCED. | BIRTH 9. AGE feet birthday IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | Female White (Specify) / daw Dec. | 13.1872 83 yrs. Months Deys Hours Min. |
| - 1 | THE THE PERSON OF THE PERSON O | |
| | done during most of working life, even if OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| , | refired) HOUSE WITE | Maruland U.S.A. |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | William Hedrick | Maritiet |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
| | (Yes, no, or ugk.) (II Yes, give wer or dates of service) | The state of the s |
| | The state of the s | Mrs Fred Smith bosleyAreMais |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | |
| | 115 2 2 | ONSET AND DEATH |
| | IMMEDIATE CAUSE (A) | - ary Thrink |
| | ANTECEDENT CAUSE(S) DUE TO | 1.10 1 |
| | DISEASES OR CONDITIONS, IF ANY, (B) | dist hisensalin |
| | GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | V |
| | (C) | |
| | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 1 | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | | YES T NO T |
| | 21a. ACCIDENT WAS UNDERLYING [21b. PLACE (Home, farm, fectory, 21 | Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | t t t t t t t t t t t t t t t t t t t |
| | | TH, HOW DID INJURY OCCUR? |
| | M. St work White | |
| | | |
| | 22. I hereby certify that I attended the deceased from | C/ 19 55, to |
| | alive on | |
| ¥ | SIGNATURE | ADDRESS (Street, city, town, stete) DATE SIGNED |
| = | 1712 X. C. M.D. M.D. | TIMONIUM 1/3/157 |
| -55 | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C | CREMATORY LOCATION (City, town, or county), (State) |
| A15C | REMOVAL (SPECIFY) | La la talanta |
| | 141191 1- 1- 26 10 1919 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | chogist Icockeysville Md. |
| 2 | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 250 FUNTRAL DIRECTOR'S SIGNATURE ON PADDRESS |
| | 2 Feb 1956 Une Cami Nead Mache | J. STATI BEARL & Waski Med |
| | UAIL . | The state of the s |



CERTIFICATE OF DEATH

Reg. Dist. No. 43

| 40. | | | | R | eg. Dist. | No | |
|--|--|--|--|--|---|----------------|---------------------|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDE | NCE (HOME) OF D | ECEASED | | |
| COUNTY Baltimor | 2012-011 | TYLAND | STATE Maryla | nd county | Balti | more | |
| CITY (Il outside corporate limits, write RU OR end give nearest town) | JRAL LENGTI | H OF STAY his place) | CITY (It outside cors | orete Hmits, write RURAL o | nd give neers | est fown) | |
| TOWN Overles | 3 7 1 | Months | TOWN Over |] ea | | | |
| HOSPITAL OR | | | STREET | | ve (ocation) | | |
| INSTITUTION OR STREET ADDRESS 7 1. Mad a 7 | line Ave. | | ADDRESS | | | | |
| 3. NAME OF (first) | (Middle) | | (Lest) LU M | adeline Ave. | | (Dev) | (Year) |
| DECEASED (Type of Print) | (market) | | (0.001) | OF | | (ryah) | (1#07) |
| Fiora | Gay | | mric | DEATHJan | uary | _10 | 19 56 |
| S. SEX 6. COLOR OR 7. | SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE C | OF BIRTH | 9. AGE last birthday | IF UNDER 1 | | UNDER 24 |
| Semale White | (Specily) Widow | Nov. | li. 1873 | 82 yrs. | Months | Days | Hours M |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if | 10b. KIND OF BUS | INESS | 11. BIRTHPLACE (State or for | | 12. | CITIZEN | |
| retirad) Housewife | At Home | | West Virgin | ia | | 17. 5 | 5. A. |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | | | XX | |
| Isaac Boggs | | | 1 arv | Cower | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED F | FORCES? 16. SOCIAL | SECURITY NO. | 1 17. INFORMANT & | | | | |
| (Yes, no, or unk.) [Il Yas, giva war or datas | | 7 | | | | | |
| NO | | vone | Henry D. | Parks 14 Ma | deline | | |
| I DISEASES OR CONDITIONS DIRECTLY LEAD | DING TO DEATH | MEDICAL CE | TIFICATION | Λ | | | AND DEAT |
| 422.1 | Carol | _ () | | 1/ - | | | 1 |
| | A CLASSICAL CONTRACTOR OF THE | A V | I SHOULD A | VALCO. | | 11 | N. ma. An |
| | N COULC | na- | Hemen | hage | | 4. | froms |
| ANTECEDENT CAUSE(S) DUE | 10 0=0 | Selen | the Card | hoge 10 Vaseu | lar | 1.000 | from |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE | (B) arter | 5 cler | the Card | roge. | lar | mar | fours |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE | 10 0=0 | 5 de | otic Cord | roger | lar | mar | y ye |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. [1] OTHER SIGNIFICANT CONDITIONS CONTRIL | atternation Orsca | is de | otic Cord | roge. | lar | mar | y ye |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE II OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE | E TO OTTURE E TO DISCA CI BUTING | is der | the Cord | roge 10 Vascu | lar | mar | y ye |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | E TO OTTURE E TO DISCA CI BUTING | | the Cord | roge 10 Vascu | lar | 1/19° | Y 46 |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | e to Orsea e to Orsea c) BUTING | | otic Cord | roge 10 Vascu | lar | 20. YES | AUTOPSY? |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH. | e to Orsea e to Orsea c) BUTING | TION | ote Card | | Count | YES [| - |
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| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. LI OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME OF INJURY (Month) (Day) (Yea 22. I hereby certify that I attendative on BIGNATURE 23. BURIAL, CREMATION, REMOVAL (SPECIFY) 1 COMOVAL | E TO OIS CA E TO OIS CA C) BUTING AAJOR FINDINGS OF OPERA The PLACE (Home, 1arm, 1arm | CCURRED Not while at work at the occurred at t | 21f. HOW DID INJURY OCC 2., 19.55, to 16. 2.5.08 P.M. from 16. | Causes and on the Control (City, town) Control (City, town) Control (City, town) | (Count date stated vn, stete) | ast saw above. | (State) the decea: |



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| MARYLAND STATE DEPARTMENT | T OF HEALTH—BALTIMORE, 18 | 00275 |
|--|--|-------------------------------------|
| CERTIFICATE | E OF DEATH Reg. Dist | . No. 30 |
| TY Baltinol MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY and give negrest town) (In this place) (In this place) | STATE COUNTY / COUNTY | ee Georges Co |
| or Print) 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED. DIVORCED. (Specify) Lamed 1. OCCUPATION (Give kind of 108 KIND OF BUSINESS OR INDUSTRY: | OF BIRTH. 9. AGE last birthday IF UNDER 19 1902 11. BIRTHPLACE (State or foreign country): 12. | Days Hours Min. |
| retired: Howelingth ER'S NAME, Dray | 14. MOTHER'S MAIDEN NAME. | TJA- |
| or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: | |
| 18. MEDICAL CERTIFICATIONS OF CONDITIONS DIRECTLY LEADING TO DEATH 331 IMMEDIATE CAUSE (A) Conclusion ECCEDENT CAUSE (S.) | l Haemorshagl | INTERVAL BETWEEN ONSET AND DEATH |
| S OR CONDITIONS, IF ANY. RISE TO THE ABOVE CAUSE UNDERLYING CAUSE LAST (C) R SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| E DEATH BUT NOT RELATED TO THE SE OR CONDITION CAUSING DEATH. | etes | |
| OF OPERATION: 198 MAJOR FINDINGS OF OPERATION | V | 20. AUTOPSY? |

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OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc (1F EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED
While Not while

210. TIME (Month) (Day) (Year) (Hour) OF INJURY

REMOVAL .(SPECIFY)

21A. ACCIDENT WAS UNDERLYING []

22. I hereby certify that I attended the deceased from alive on

SIGNATURE BURIAL, CREMATION. 23.

DATE THEREOF

at work

and that death occurred at 12 10 p M, from the causes and on the date stated above.

at work

218. PLACE (Home, farm, factory,

M. D OR CREMATORY

, 19 53, to

ADDRESS

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

(City or town)

LOCATION

DATE SIGNED. (C ty, town,

(County)

1952 that I last saw the deceased

(State)

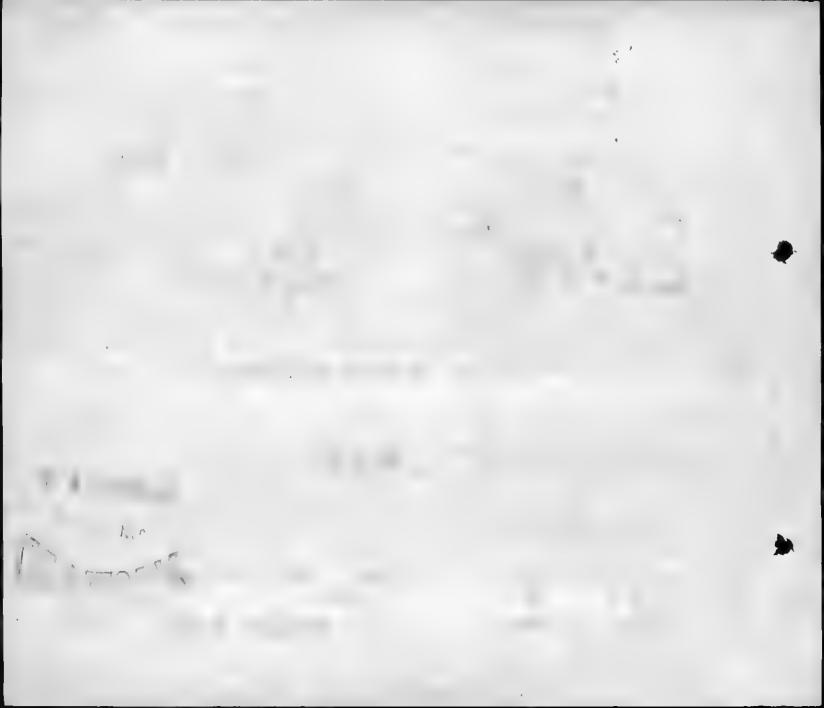
(State)

NAME OF CEMETERY

FUNERAL DIRECTOR 24. ADDRESS

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR



198. MAJOR FINDINGS OF OPERATION 19A DATE OF OPERATION:

more

218. PLACE (Home, farm, factory, 21A. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

SIGNATURE

REGISTRAR

21E INJURY OCCURRED While Not while at work at work

22. I hereby certify that I attended the deceased from

and that death occurred at alive on ..

BURIAL, CREMATION, REMOVAL (SPECIFY)

ADDRESS M. D NAME OF CEMETERY

DATE REC'D BY LOCAL 24. REGISTRAR

LOCATION (City, town, or/county)

21c. WHERE DID (City or town)

2 IF. HOW DID INJURY OCCUR?

INJURY OCCURT

(State)

ADDRESS

(Day)

Days

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(Year)

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CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

NO

(State)

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DATE SIGNED

(County)

Jan. 1956 that I last saw the deceased

M. from the causes and on the date stated above.

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OR TYPI SE A15 PLEAS

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The correct age

PLEASE WILLE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARCIN RESERVED FOR BINDIN

FOR MEDICAL EXAMINER

g. Dist. No.

| Itam 7, FilmG191 1-16-56 et FOR MEDICAL | L EXAMINERS | Reg. Dist. No. |
|---|--|---|
| I. PLACE OF DEATH MARYLAND | 2. UNUAL RESIDENCE (HOME STATE Baltimore | OF DECEASED-COUNTY Md. |
| CITY (It extends corporate limits, write RURAL and LENGTH OF STAY OR (in this place) | CITY (If outside corporate lim OR TOWN 7352 A | its, write RURAL and give nearest town) |
| HOSPITALOR OR INSTITUTION OR STREET ADDRESS ANDWS I. LOSS. | ADDRESS | (If rural, give location) |
| S. NAME OF (First) (Middle) DOCEASED (Type or Print) Blenn h. Hefner | Heffrence 19 | DATE (Month) (Day) (Year) DEATH 9 194 9 |
| 6. SEX 6. GOLDR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) HAPTIEC | and 29 1925 | E last birtbday II under I year II under 24 hrs. 3 yrs. Months Days Hours Min. |
| 10s. USUAL OCCUPATION (Give kind of work 10s. Kind or Business on done during most of working life, even (f retired) (ANDERE FULL CO | A1. BIRTHPLACE (State or foreign | (Country) 12. Citizen of What Country (S/). |
| William T. Hellner | 14. MOTHER'S MAIDEN NAM | , Warkel. |
| 15. Was DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (Hyes, give war of dates of service) | The B. L | Elfner Op. Pl. Md. |
| IS. MEDICAL CE | ERTIFICATION | INTERVAL BETWEEN |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | uni to Let | T Pelves 1 1 h ks |
| Antecedent cause(s) | | a de la |
| Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last | , a | LetT Abdomens |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 21. EXTERNAL CAUSE WAS PLACE Mome, farm, factory, street, | (CITY OR TOWN | Yes No 1 |
| PRIMARY BOR CONTRIBUTING OF OF CAUSE OF DEATH. | 4 paren VI | - Burs In |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 1 9-56 10 m. While at work at work | HOW BID INJURY OCCUR! | Home wister Liebren. |
| 22. 'I certify that I took charge of the remains described above, held an abtained by said Autopsy, Inspection or Inquiry, find that said decifrom: natural causes [] accident [], suicide [], hamicide], | eased died on the day stated abo , undetermined []. | ve, and death in my apinian resulted |
| SIGNATURE (Degree or title) | ADDRESS CALLED | - NA 117116- |
| A PARTICIPAT (Supplied) | Church Hus | rion (City, town, or county) Pa |
| DATE RIC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | he D-1) A Paul st |
| 1 1/1/3 gr | - Ballo, n | nd 1 |

JS. A15A

6 4'00 Morning Ton Dd. Den saels.

(Day) (Yaar) IF UNDER 1 YEAR IF UNDER 24 HRS Hours CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH requires that the ۾ 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 ₩e YES T NO þ 210, ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? [City or town] (Stete) (County) The executed OR CONTRIBUTING IT CAUSE OF DEATH OF INJURY, street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: 21d. TIME OF INJURY (Month) (Day) 21. HOW DID INJURY OCCUR? (Yeer) (Hour) 21e. INJURY OCCURRED While Not while no injury 110 et work et work certificate alive on some the causes and on the date stated above. BIGNATURE DATE SIGNED ADDRESS (Street, city, town, stata) certificate haham 7/223/00 M.D. death BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CHEMATORY LOCATION/(City, town, or county) A15C KEMOVAL (SPECIEY) 25. FUNERAL-DIRECTOR'S SIGNATURE REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **ADDRESS**



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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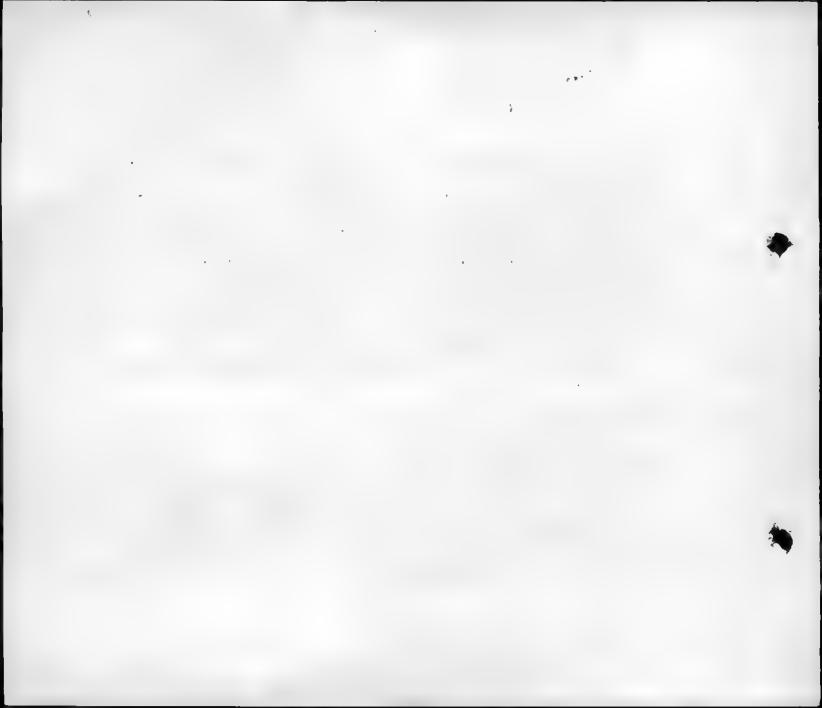
| | CERTIFICATE CERTIFICATE | E OF DEATH Reg. Dist. No |
|---------------|---|--|
| S. | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| gib | COUNTY Baltimore MARYLAND | STATE Md. COUNTY Baltimore |
| and legibly | CITY (if outside corporate limits, write RURAL CR and give nearest town) TOWN WOODLESS. | CITY:If outside corporate limits, write RURAL and give nearest town) OR TOWN WOOdlawn |
| | HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Summerfield Rd. | STREET (If rural give location) ADDRESS 18 Summerfield Rd. |
| death clearly | DECEASED: Martin J. Hen | dricks 4. DATE (Month) (Day) (Year) OF DEATH: Jen. 30 1956 |
| oĮ | Male White (Specify): Married April 1 | 9, AGE last birthday FUNDER 1 YEAR IF UNDER 24 MRS. 9, 1894 61 yrs Months Days Hours Min. |
| causes | 10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. even if retired): Traffic angr. Cons. Cold Storage | |
| the | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| te te | Martin J. Hendricks | Mary Leahy |
| write | S. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SDCIAL SECURITY NO (Yes and or upk.) (If Yes, give were at dates of service) | Frieda Hendricks - 18 Summerfield Rd. |
| please | | |
| ole: | 18. MEDICAL CERTIFICAT. I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| | 53X IMMEDIATE CAUSE (A) Chrysc | Microadity 2-weeks |
| . Physicians | ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | deexerti Color 16/100 |
| important. | TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | dres will brening - 3dys |
| | 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| especially | 21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) | etc. INJURY OCCUR? |
| is es) | OF INJURY OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work | 21F. HOW DID INJURY OCCUR? |
| age | (). 01 5/ | 15, 19 to 19 De that I last saw the deceased M, from the causes and on the date stated above. ADDRESS DATE BIGNED |
| correct | | TO TERY OR CREMATORY PLOCATION (Cits, town, or gounty) AState) |
| | Entombment Feb. 2,1956 Lorraine Ma | 3 / |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR TVI AND ADDRESS |

Ellsworth Armacost - 4600 Liberty Hghts. Ave.

OR WRITE PLAINLY, WITH UNFADING INK. TYPE VS. A15-10-53 PLEASE

MARGIN RESERVED FOR BINDIN

Supply every item of information carefully. The



THE FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registre within Y hours after death. After this mentificate has knew executed by the attending pllysician and commercially filled in by the funeral director, the third capy of this death certifical assumbly should be detached for meens a benefit rensit permit.

ATTENDING PHYSKIAN OR HOSPITAL: The law requires that the death ce

The bottom copy may be retained by the hospital or attending physician.

RETRUCTIONS

293

CERTIFICATE OF DEATH

Reg. Dist. No.

| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | | | |
|---|--|--|-----------------------|--|--|--|--|
| | D) L; | 12 1 0 | 1 | | | | |
| | COUNTY DA / TIMOTE MARYLAND | STATE TYPE STATE | Timore | | | | |
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) | CITY (II outpide corporate limits, write RURAL and give near | ist town) | | | | |
| | TOWN | TOWN THE TOWN | 1 | | | | |
| | HOSPITAL OR | STREET (If rurel give location) | 1077. | | | | |
| -1 | INSTITUTION OR /// // // | ADDRESS / | つ / | | | | |
| - 1 | STREET ADDRESS () / d / ork Kd. | (U/d York K | d. | | | | |
| | 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Yeer) | | | | |
| | (Type or Print) | DEATHU / TIME | 6 51 | | | | |
| | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8 DATE OF | F BIRYH 9. AGE lest birthdey 1 IF UNDER | YEAR HE UNDER 24 HRS. | | | | |
| | WIDOWED, DIVORCED, / | LO 1000 Months I | Deys Hours 1 Min. | | | | |
| | Temale While Married Dept. | 7/702 25 yrs. | | | | | |
| -1 | 10s, USUAL OCCUPATION (Give kind of work Ob. KIND OF BUSINESS done during most of working life even if OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 | CITIZEN OF WHAT | | | | |
| 7 | reflect to a will to | Railroad Poll | COUNTRY | | | | |
| 1 | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 1000 | | | | |
| | IIIm C D | | // | | | | |
| - 1 | Wind Brose. | Emma U, 1811 | (e) | | | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 13, INFORMANT & DADDRESS | 0/4/ | | | | |
| | (Yes, partyunk.) (If Yes, give war or detes of service) | Youran III Donaham 17 | 14/5/An HId | | | | |
| | 18, MEDICAL CER | TIFICATION | INTERVAL BETWEEN | | | | |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | A | ONSET AND DEATH | | | | |
| | is immediate cause (A) (become ry | ecclusional | | | | | |
| | | The state of the s | | | | | |
| | ANTECEDENT CAOSE(S) | coleranie | 1 | | | | |
| | DISEASES OR CONDITIONS, IF ANY, (B) | process and the second | 190 | | | | |
| | STATING UNDERLYING CAUSE LAST, DUE TO | | | | | | |
| | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | | |
| | TO THE DEATH BUT NOT RELATED TO THE | tral Machinetic | 10 , 100 | | | | |
| | DISEASE OR CONDITION CAOSING DEATH. | /// // // / / / / / / / / / / / / / / | 10 29-50, | | | | |
| | 194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? | | | | |
| | 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 2 | 1c. WHERE DID INJURY OCCUR? (City of town) (Count | YES NO | | | | |
| | OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | 1c. WHERE DID INJURY OCCUR? (City or town) (Count | y) (Stete) | | | | |
| | 21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED 2 | 211. HOW DID INJURY OCCUR? | | | | | |
| | M. et work at work | | | | | | |
| | | 10 67- No. 1 11 17 | | | | | |
| | 22. I hereby certify that I attended the deceased from Sight ! | | last saw the deceased | | | | |
| | alive on 19/56, and that death occurred at | | l above, | | | | |
| SIGNATURE ADDRESS (Street, city, town, stets) DAT | | | | | | | |
| | Tauch Grand M.O. | chrewsbury la | 1-8-56 | | | | |
| 7 | 23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR | CREMATORY LOCATION (City, lown, or county) | (Siela). | | | | |
| BREMOVAL ISPECIFY) | | | | | | | |
| 5 | 24 REC'D BY REGISTRAR REGISTRANS STONATURE | 25/ FUNERAL DIRECTOR'S SIGNATURE | DORESS O. Id. | | | | |
| > | and the state of | THE THE WILL AND S SIGNATURE | TURESS / | | | | |
| 2 | oxte Mrs. Asward i Narking, | Vicol Har Killin Clin t | Muchom Jali | | | | |
| | | المراج | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH

294

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

| | TOR MEDICAL | 2 DAA VILLUSIUS | Reg. Di | BL. NO |
|--|--|-------------------------------------|--|--|
| 1. PLACE OF DEATH Balto | MARYLAND | STATE M | a | OUNTYBELL |
| CITY (If outside corporate limits, write RURAL OR give nearest town always | and LENGTH OF STAY | CITY (If outsite corp OR TOWN | porate limits, write RURAL | 2 CO |
| INSTITUTION OR INSTITUTION OR STREET ADDRESS AND | n Hosp 1-7. | JEDRES3614 | L favorak | Rd BalleT |
| 3. NAME OF DECEASED (SFIRST) | Middley 8 | Filliard | 4. DATE (Monti | b) (Day) (Yeld) |
| 6. SEX 7 6. COLOR OR RACE | WIDOWED, DIVORCED, (Specify) | Sulve 11. 1864 | 9. AGE last birthday If | under I year Hunder 24 h |
| ion. USUAL OCCUPATION (Give hidd of work done during most of working life, with if retired) | 10b. KINO OF BUSINESS OR INDUSTRY | 11. BIRTHELACE SERVE | | Country WHA |
| 13. FATHER'S NAME | in Heel | 14. MOTHER'S MAILI | EN NAME OFERM | best |
| 15. WAS DECRASED EVEN IN U.S. ARMED FORCEM? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMACT, AND | ADDRESS | incle_ |
| I. DISEASES OR CONDITIONS DIRECTLY L | 18. MEDICAL CE | RETIFICATION / | ٥ | INTERVAL BETWEE ONSET AND DEAT |
| Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause attating the underlying cause last | Generaly Sendil | Jackin | schum | |
| ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not resisted to the disease or condition ceusing death. 19a. DATE OF OPERATION 19b. MAJOR FIL | | left, | hip + km | 20. AUTOPSYT |
| 21. EXTERNAL CAUSE WAS PLACE | E (Home, farm, factory, street, | (CITY O | R TOWN) (COU | Yes No |
| OF .A. 2-2 | office bidg. Sic. Julial INJURY OCCUPATION While at work of at work of | HOW DID INDERY | occuri el | 200 hus |
| 22. 'I certify that I took charge of the remain obtained by said Autopsy, Inspection or I | ns described above, held an A Inquiry, find that said dece | ased died on the day sti | Inquiry thereon aled above, and death in | and from the evidence my opinion resulted |
| from: natural causes [] accident []. | ALO 1010 Z | ADDRESS October | 5156 | DATE SIGNED |
| 21. BI RIAI. CREMATION COASE THEREOF 1/11/56 | Western Cen | RY OR CREMATORY | Balto, Md. | r county) (State) |
| DATE REC'D BY LOCAL REGISTRARS ST | GNATURE COLUMN | 24. YUNERAL DIRECT | ispared & Son | is- Rulto 17 |

The correct age

Supply every item of information carefully. write the causes of death clearly and legibly.

MARGIE RESERVED FOR

PLEASE WRITE PLAINLY, WITH UNFADING INK.



The correct age

MARCIN RESERVED FOR MINDING

CERTIFICATE OF DEATH

295

| 8 7 | 200 | FOR MEDICAL | EXAMINERS | Reg. 1 |)(st. No |
|---|---|--|---|---|--|
| The | I. PLACE OF DEATH- COUNTY Baltimore | MARYLAND | 2. USUAL RESIDENCE (F | OME) OF DECEASE | COUNTY Palto. |
| fully. | CITY (If outside corporate limits, write RURA OR give nearest town) Catensville | | CITY (II outside corpora OR TOWN Baltimo | | and give nearest town) |
| of information carefully death clearly and legibly. | HOSPITAL OR | STATE HOSFITAL | STREET | (If rural, give locewater Apts - | |
| riy a | 3. NAME OF (First) DECEASED | (Middle) Allen | (Last) Hornwood | 4. DATE (Mo | nth) (Day) (Year) |
| nform b clea | (Type or Priot) David 6. SEX 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE OF BIRTH | 9. AGE last birthday | - 23 1956 If under I year If under 24 hrs Months Days Hours Min. |
| deat | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dhotography | (Specify) SINGLE. 10b. Kind of Business on Industry | 9-30-38 III. BIRTHPLACE (State of New York | r foreign country) | I2. CITIZEN OF WHAT |
| y item | 13. FATHER'S NAME Julius Hornwood | | 14. MOTHER'S MAIDEN | | U.SA. |
| Supply every item write the causes of | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war or dates of | 18. SOCIAL SECURITY NO. | Virginia Lar 17. INFORMANT AND A Records Spring | DDRESS | H4+-7 |
| 32 | lservice) | 18. MEDICAL CE | | Grove prace | POSICIL CRIT |
| Supp. | I. DISEASES OR CONDITIONS DIRECTLY I | EADING TO DEATH | | | INTERVAL BUTWEEN ONGET AND DEATH |
| INK. | Immediate cause (a) Antecedent cause(s) | Congestive heart | iailure | En Parkan p. 1994 hep g var het s | A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| PLAINLY, WITH UNFADING seepecially important. Physicians: | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | dustra 11 1PHHH | 14477 | one will be a substituted such that $\phi = \phi$ and $\phi = \phi$ and $\phi = \phi$ and $\phi = \phi$ and $\phi = \phi$ | |
| AI | (e) | undern | remode Cause | | |
| UND Ph | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | | | | |
| TTH THE | 19a, DATE OF OPERATION 19b, MAJOR F | INDINGS OF OPERATION | | | Yes M No |
| Y, W | PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. | | (CITY OR 1 | | OUNTY) (STATE) |
| eciall | TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at Not while work at work | HOW DID INJURY OC | CUR? | |
| E PLA | 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes [3] accident [7] | Inquiry, find that said decen | used died on the dry state | Inquiry there d above, and death | on and from the evidence in my opinion resulted |
| ARITE | SIGNATURE | (Degree of title) Me | ADDRESS | | DATE SIGNED |
| SE W | 23. BURIAL, CREMATION DATE THEREO | | RY OR CKEMATORY L | OCATION (City, town | or county) (State) |
| PLEA | reinoval 1/24/56 DATE REC'D BY LOCAL REGISTRATES S | New Montes | iore Cemeters | Pinelawi R | New York |
| C. | 1704/52 CIW. | skoruch & g | Wm. Cook V | hc. 1217 | St. Paul St. |

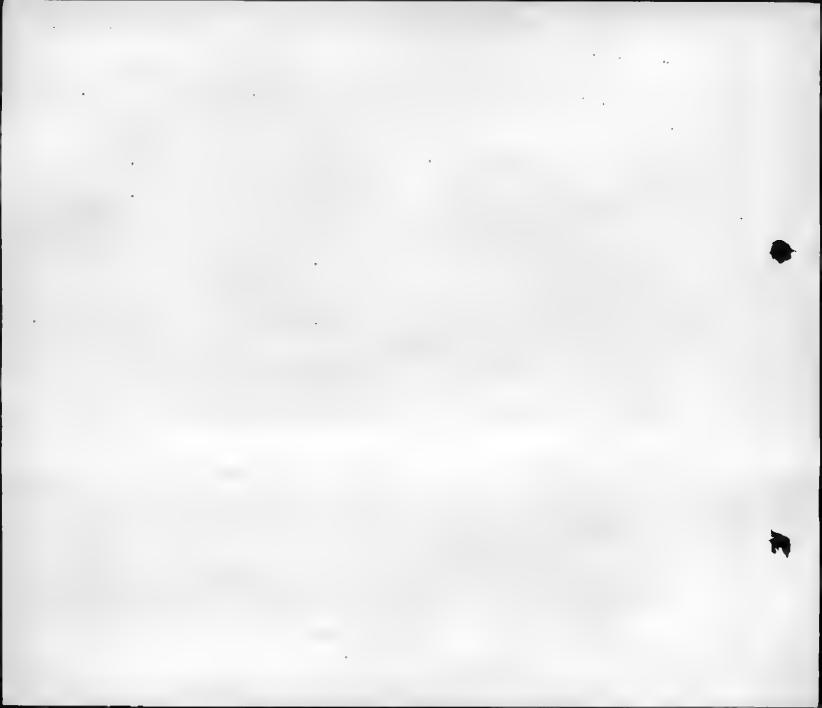
VS. A15A



DATE REC'D BY LOCAL

REGISTRAR

FUNERAL DIRECTOR



ADDRESS

| | 6) . | MARYLAND STATE DEPA | ARTMENT OF HEALTH—BALTIMORE, 18 | 00204 |
|---|--------------------|--|--|--------------------------|
| | . The | · 297 · CERTIF | TICATE OF DEATH Reg. Dist | . No. 4 |
| | camfully. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| 1 | full gibly. | COUNTY Baltimore MARYLA | Maryland County | |
| 1 | leg | CITY (If outside corporate limits, write RIRAL) CAIGT | TH OF STAY CITY(If outside corporate limits, write RURAL | and give nearest town |
| A. C. | ion | OR and give nearest town | days or Town Baltimore | _ |
| | E > | HOSPITAL OR | STREET (If rural give location) | |
| | nfarm clearl | INSTITUTION OR STREET ADDRESS Waterway Administration | on Hospital 1219 Urban Way | |
| | ole cle | 3. NAME OF (First) (Middle) | | Day) (Year) |
| | of i | DECEASED: WITTITAM C | HUMPHRESS OF January | 22 56 |
| | m of i | (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. | 8. DATE OF BIRTH: 19. AGE last birthday ir ungen i | YEAR IF UNDER 24 HRB. |
| | ite of | Male White Widowed, DIVORCED, (Specify): Married | 11/8/88 67 yrs Months I | Days Hours Min. |
| | causes | OA USUAL OCCUPATION (Give kind of 108 KIND OF B work done during most of working life. OR INDUST | USINESS 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHA |
| Ž | - ad/ | even if retired): Soldier U. S. A. | | U.S.A. |
| Œ | Supply te the c | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME | |
| 31 | Sul te | Talbert Humphress | Martha Woolford | |
| × | | (Yes, no, or wak.) (If Yes, give war or dates | UNITY NO 17. INFORMANT & ADDRESS. | |
| FOR BINDIN | INK. | Yes of service) WW II Unknown | own Clin.Rec., Vet.Adm.Hosp., Ft. 1 | Howard, Md. |
| | | | CERTIFICATION | INTERVAL BETWEEN |
| A.E. | ADING s: plea | I DISEASES OR CONDITIONS DIRECTLY LEADING TO | | ONSET AND DEATH |
| E | AI S: | IMMEDIATE CAUSE (A) | CEREBROVASCULAR ACCIDENT | UNKNOWN |
| SS | UNF. | ANTECEDENT CAUSE (8) | | |
| 24 | U | DISEASES OR CONDITIONS, IF ANY. (B) | | |
| Z. | TH | GIVING RISE TO THE ABOVE CAUSE DUE TO | | |
| RG | WI t. | (C) | | |
| MARGIN RESERVED | ~ = | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | DTADEMEG METITMIC | |
| | VLY port | DISEASE OR CONDITION CAUSING DEATH. | DIABETES MELLITUS | |
| | PLAIN | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF | OPERATION | 20. AUTOPSY? |
| | VIITE P | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) | ne, farm, factory, t, office bldg., etc. INJURY OCCUR? | ty) (State) |
| , | > 40 | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY While 1 | OCCURRED 21F. HOW DID INJURY OCCUR? | |
| | ge is | 2. I hereby certify that A attended the deceased fr | om Jan. 19, 1956, to Jan 22, 1956, the triden | cacacocatharacatracaenan |
| 3 | | | occurred at 5:45AM, from the causes and on the date | |
| | TYPE rect ag | SIGNATURE AND A CONTROL OF THE CONTR | | TE SIGNED |
| 4 | SE TYI | WILLIAM H. SLASMAN WHY Star | Man M.D. Fort Howard, Md. | 1/22/56 |
| | SE | | OF CEMETERY OR CREMATORY LOCATION (City, town, or | r county) (State |

Baltimore National Cemetery Baltimore, Md. DATE REC'D BY LOCAL REGISTRAN Walter Dabrowski Funeral Home 1001-A Dundalk Ave., Ralto 24, Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. legibly. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED MARYLANDCOUNTY BAL STATE COUNTY CITY(If outside corporate limits, write RURAL and give pearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this place) OR information TOWN ARRISON TOWN > HOSPITAL OR STREET If rural give location) INSTITUTION OR clear ADDRESS STREET ADDRESS (Middle) (Last) DATE 3. NAME OF ath of DECEASED (Type or Print) DEATH: de item COLOR OR MARRIED OF SINGLE. 9. AGE last birthday IF UNDER WIDOWED, DIVORCED RACE: Jo Months Davs Hours (Specify): OA. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINE (State or foreign country): [12, CITIZEN OF WHAT OR INDUSTRY: work done during most of working life, COUNTRY NICK Supply FATHER'S NAME MOTHER'S MAIDEN the BI DECEASED EVER IN V. ARMED FORCEST (Yes no, tor-onk.) (WYes - netile it son, Md e 3 ئ CERTIFICATION MARGIN REMERVED ADIN(DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Physicians IMMEDIATE CAUSE (A) UNE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) B important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PLAINLY DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES | NO K especially 21A ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, factory, 21c, WHERE OID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while r While OF "INJURY at work at work . 92 OR . 1949, to Jan. 5., 1956, that I last saw the deceased 22. I hereby certify that I attended the deceased from JAH: TYPE alive on Jan. 3 1956, and that death occurred at 'M. from the causes and on the date stated above. SIGNATURE ADDRESS DATE/SIGNED M. D. ASE 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF BEMOVAL (SPECIFY) DATE REC'D BY LOCAL FUNERAL DIRECTOR ADDRESS

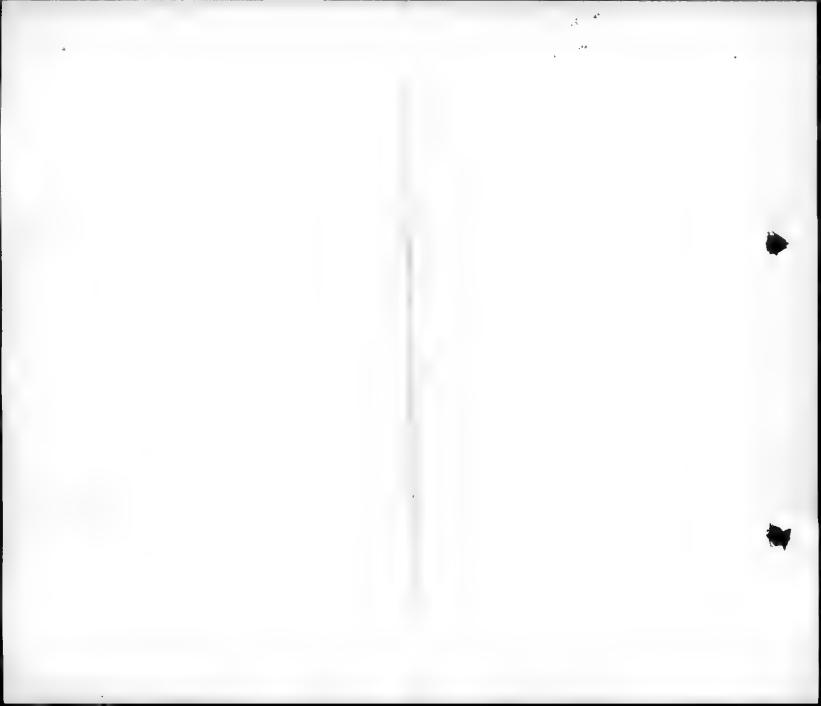
MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE 18

| وتا | | | 5 | 7. |
|------|-------|-----|---|----|
| leg. | Dist. | No. | 1 | 4 |

| ~9.LZ | 1,111141 171 | IIID DIMIE DELMICIME | or meanerm | -Birbinioles, 10 | | | | | |
|------------------------------------|--|---|----------------------|--|---------------------|--|--|--|--|
| E | 299 | CERTIFICAT | E OF DEAT | H Reg. Dis | st. No. 432 | | | | |
| E X | I. PLACE OF DEATH: | | 2. USUAL RESIDEN | NCE (HOME) OF DECEAS | | | | | |
| carefully legibly. | COUNTY Baltimore | MARYLAND | STATE Mary | land COUNTY Bal | timore | | | | |
| | OR and give nearest town) TOWN RUTAL-PIKES | its, write RURAL LENGTH OF STA | 0.0 | orporate limits, write RURAL 1-Pikesville | | | | | |
| tio a | / 3 | | | | X_ | | | | |
| of information ath clearly and | | ey Forge Rd. lallstown, Md. | Valley Forg | e RdRandalls | stown, Md. | | | | |
| inf | 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year), | | | | |
| em of i | DECEASED: Stewart | | nson | of Jan. | 4, 1956 | | | | |
| it | Male Color on 7 | SINGLE, MARRIED. 8. DAT WIDOWED, DIVORCED. Jan. | 14, 1910 | AGE last birthday 17 UNDER Months | Days Hours Min. | | | | |
| every | NOA. USUAL OCCUPATION (Give k work done during most of workli even if retired) Laborer | Ind of 10B. KIND OF BUSINESS OR INDUSTRY: Cemetery | | tate or foreign country): 12 | CITIZEN OF WHAT | | | | |
| 43 11 | 13. FATHER'S NAME: | Cemetery | Woodlawn | PEN NAME | | | | | |
| Supply te the | | | | | | | | | |
| 1 (40) | Dennis Hol | | . Clar | a Johnson | | | | | |
| | (Yes, no, or unk.) (If Yes, give was of service) | | | Johnson-Valley | 7 Eorge | | | | |
| I 60 | | 18. MEDICAL CERTIFICA | | | INTERVAL BETWEEN | | | | |
| NG IN | | | | | | | | | |
| IQ | 743X | 1/210 trans | 10 MM de | 11111 12111 | ONSET AND DEATH | | | | |
| WITH UNFADING | IMMEDIATE CAUSE (A) ATTIMITED C. C. CLUMBE TO THE TOTAL TOT | | | | | | | | |
| icia | ANTECEDENT CAUSE (8) | Wines a | 111011 201 | Reful = | 6 | | | | |
| H | DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE | AUSE DUE TO | vicin - regi | your c | | | | | |
| VIT | STATING UNDERLYING CAUSE | (c) /non 1/10- | alound Sentin | In - & Muumol | week Inwith. | | | | |
| y in | II OTHER SIGNIFICANT CONDI | TIONS CONTRIBUTING, | 2 º A II | . / | | | | | |
| LY | TO THE DEATH BUT NOT REL | | He total to | ulul acute | 1 day- | | | | |
| NI di | 19A. DATE OF OPERATION: 198 | MAJOR FINDINGS OF OPERATION | ON / | | 20. ALTOPSY? | | | | |
| PLAINLY lly _C import | | | C . | | YES NO | | | | |
| | 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF E | DEATH OF INJURY street, office blds | etory, 21c. WHERE DI | | nty) (State) | | | | |
| - | 21D. TIME (Month) (Day) (Year) OF INJURY | (Hour) 21E INJURY OCCURRE While Not while at work at work | D 21r. HOW DID IN | JURY OCCUR! | | | | | |
| OR e is | 22 I hereby certify that I at | tended the deceased from All | 24 1917 to Var | 2 4 1957- that I las | et can the deceased | | | | |
| - Pull | 7) / | , and that death occurred a | | | | | | | |
| 당당 | SIGNATURE | and that death occurred a | ADDRESS | | stated above, | | | | |
| SE TYI | JUANICK C. C. | 7 Weller 3 | Gol (Ethia | 1 Kd Ballo) | - 1-6:56 | | | | |
| SE | 23. BURIAL, CREMATION, DA | TE THEREOF NAME OF CEME | TERY OR CREMATORY | LOCATION (City, town, | or county) (State) | | | | |
| PLEASE TYPE | REMOVAL (SPECIFY) Jan. | 7, 1956 St. Thom | as Cem/ | Baltimore Co. | ., Md. | | | | |
| PL | | SISTRAR'S SIGNATURE | 24. FUNERAL DIF | RECTOR HOME | ADDRESS | | | | |
| | anusy. 7. 1956 K | · W· | HOLLAND FO | INERAL-1631 DR | UIO HILL AVE | | | | |
| | | | 11172 | | | | | | |

MARGIN RESERVED FOR BINDING

VS. A15-10-53



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Reg. Dist. No.

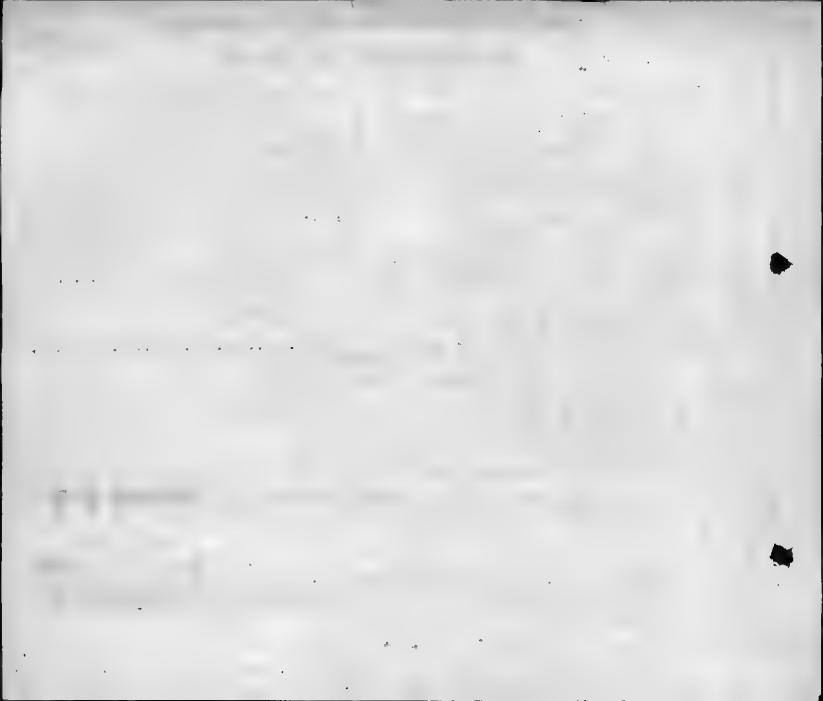
33 0 CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF D | ECEASED |
|--|-------------------------|--|------------------------|
| COUNTY Baltimore | MANYEARG | STATE Maryland COUNTY | Somerset |
| CITY Ill outside comprete limits, write RURAL | LENGTH OF STAY | CITY (If outside corporate limits, write RURAL e | |
| OR and give neerest town) K TOWN Fort Howard | 26 Days | TOWN Princess Anne | 4 |
| HOSPITAL OR | 1 20 20,5 | STREET (If rure) giv | ve location) |
| STREET ADDRESS Veterans Administ | ration Hospita | ADDRECE | |
| 3. NAME OF (First) | (Middle) | (Lesi) A. DATE (Mor | nth) (Dey) (Yasr) |
| (Type or Print) THOMAS | .TO | NES, JR. DEATH JE | anuary 31 10 56 |
| 5. SEX 6. COLOR OR 7. SINGLE, MA | RRIED. 8. DATE | | ITUALTY 31 19 50 |
| RACE WIDOWED. | DIVORCED. | | Months Days Hours Min. |
| Male Colored (Specify) Ma | rried April | 4. 1922 33 vn. | |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired Dyster Shucker Oys: | KIND OF BUSINESS DUSE | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT |
| relinduyster snucker luys | ter packing/ | Princess Anne, Maryland | U.S.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| Thomas Jones | | Bessie Jones | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS | |
| (Nes Bo, or muk.) The Nes Tolve wer or detes of service) | 20-12-2168 | Chin Pos Wet Adv. W. | - Et 11 - 20 - |
| | 18. MEDICAL CE | Clin.Rec., Vet.Adm. Hos | INTERVAL RETWEEN |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT | Н | | ONSET AND DEATH |
| X IMMEDIATE CAUSE (A) S | UBACUTE GLOMER | ILONEPHRITIS | UNKNOWN |
| ANTECEDENT CAUSE(S) DUE TO | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) | | | |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | | |
| (C) | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | |
| 190, DATE OF OPERATION 196, MAJOR FINDING | SS OF OPERATION | | 20. AUTOPSY? |
| 210. ACCIDENT WAS UNDERLYING 1 216. PLACE (H | ome, ferm, factory, | 21c. WHERE DID INJURY OCCUR? (City of Jown) | YES K NO |
| | it, olfice bidg., etc.] | ATT. WHERE DID INJOKT OCCUR? (City of fown) | (County) (Stote) |
| | 1e. INJURY OCCURRED | 21f. HOW DID INJURY OCCUR? | |
| | I work at work | | |
| 22. I hereby certify that Kattended the de- | ceased from Jan. 5 | 1956 to Jan 37 1956 | Migrationageneous |
| signococococococococo | | | |
| HAY III | Illa death occurred a | ADDRESS (Street, city, tow | |
| DONALD D. MARK. AMICER | lo | VAH, FORT HOWARD, MARY | 4 4 4 4 |
| 23. BURIAL, CREMATION. DATE THEREOF | M. D. | | |
| REMOVAL (SPECIFY) | | | |
| Burial 2/3/56 24. REC'D BY REGISTRAR'S SIGNATU | Mount Verno | Cemetery Mount ver | mon, Maryland |
| A. KEO DI KEDISIKAK SIGNATU | -+ h ! | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS Md. |
| DATE 2B/56 Rawsun | 1. /an3-1 | Charles R. Law, 802 Madis | on Ave., Baltimore |
| Home Parent Lames ameral Home | rincess Anne | is the second se | <u> </u> |

Shipped to:

ATTENDING :

V\$ A15C 1-55 10M



MARGIN RESERVED FOR BINDING

| a) | MARYLAND STATE DEPARTMEN | T OF HEALTH—BALTIMORE, 18 (| 0288 | | | | | | |
|---|--|--|-----------------------|--|--|--|--|--|--|
| 7. The | · 301 CERTIFICATE | E OF DEATH Reg. Dist. | No.33 | | | | | | |
| y. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | : | | | | | | |
| carefull legibly. | COUNTY Baltimore MARYLAND | STATE Maryland COUNTY Prince | Georges | | | | | | |
| car leg | CITY (If outside cornorate limits, write RURAL, LENGTH OF STAY | CITY(If outside corporate limits, write RURAL ar | nd give nearest town) | | | | | | |
| item of information carefully. | OR and rave nearest 1900) TOWN Owings Mills (In this place) 22 yrs. | TOWN Hyattsville, Maryland / | | | | | | | |
| rma | HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School | ADDRESS 5604 30th Avenue | | | | | | | |
| nfo cle | To the state of th | | | | | | | | |
| 計品 | DECEASED: | or 1 2 | (Year) 19 56 | | | | | | |
| de B | (Type or Print) Alan Lee Jo 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8 DATE | DEATH | | | | | | | |
| | male white (Specify): single 10 | 0/23/47 8 yrs. Months Da | Ays Hours Min. | | | | | | |
| K. Supply every write the causes | OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life. even if retired): | | S.A. | | | | | | |
| oly ie c | 13, FATHER'S NAME: | 14, MOTHER'S MAIDEN NAME: | *D*V* | | | | | | |
| upp th | Gilbert Cecil Josephson | Rosalee Strasburger | | | | | | | |
| | IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | | | | | | |
| INK. | (Yes, no, or unk.) (If Yes, give war or dates of service) - Rosewood Records Owings | | | | | | | | |
| TH UNFADING IN Physicians: please | | | | | | | | | |
| VIT | (C) | | | | | | | | |
| LY, V | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Spastic Paralysis | | | | | | | | |
| LAIN imp | 198. MAJOR FINDINGS OF OPERATION | N | 20. AUTOPSY? | | | | | | |
| WRITE PLAINLY, WITH especially important. Phy | TOP INJURY | | | | | | | | |
| E OR 1 | 22. I hereby certify that I attended the deceased from 1/25/ | , 19 56, to 1/26/, 19 56, that I last | | | | | | | |
| TYP | alive on 1/26 . 19 56, and that death occurred at | 2: 20 p.M, from the causes and on the date s | signed above. | | | | | | |
| PLEASE | 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE CREMOVAL (SPECIFY) Jan 30, 1956 Green Mou | ERY OR CREMATORY LOCATION (City, town of | county) (State) | | | | | | |
| PI | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR, 29-56 Cary B. Stile. | J.F. Eline & Sons, Reisters | address stown, Md. | | | | | | |

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LEB I 1920

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1)(1)289

| he | + | | | IVILZI | MILAND | STATE | DECARTM | MI | | LIIMORE, 16 | 00200 |
|--|-----------------------------|--|---|---------|--|---------------------------------|---|------------------------|---|---|---|
| 7 3 | | 1. | NAME OF D | ECEAS | | | | 1110 | OF DEATH | 2. DATE Reg. Dis | t. No |
| 70 | 7 7- 1 | | Type or Print) | | KECZM | ERSKI | JOHN F | 8 | | OF 1-2 | 1-56 |
| PEN | SAE | a Baltimore Gity, Maryland County | | | | | V | 4. USUAL RESIDENCE (V | There deceased lived, If B. COUNTY | institution : residence before admission | |
| | DAYS | 9. | FULL NAME | | (If not in hospit | al or institu | on, give street add: | ress or | MARYLAND | / | |
| POINT Polor | | H | NSTITUTION | 75 | 24 BELA | UR R | b , | anon | C. CITY OR TOWN (If | outside corporate limit | s, write RURAL and giv township |
| | EE (3) | | X | | | | | Yrs. | D. STREET ADDRESS (If | rural, give location) | |
| BALL | REE | С | Length of s | tay in | Baltimore | | 48 | Moor Days | | IR RD. | |
| ∢ 5 | HIN THE | | YALE | | HITE | WIDOV | E, MARRIED, VED, DIVORCED (S RIED | Specify) | 6. DATE OF BIRTH FEB. 3, 1907 | | t Boder 1 Year If Bader 24 Hours on the Days Hours Min. |
| D is | | 10 | A. USUAL OC | CUPAT | FION (Give kind of glife, even If retired) | 108. KINI | OF BUSINESS | OR | 11. BIRTHPLACE (State or fo | | 12. CITIZEN OF |
| NOT USE | WIT | 1 | SALES | , | 2 33 0 | RETA | L LIQUOR | | BALTIMORE, | MARYLAND | WHAT COUNTRY |
| | S | 13 | 13. FATHER'S NAME | | | | | | 14. MOTHER'S MAIDEN N | | |
| H | RDS | | | NA | | ZMER | | | ANNA KI | PFFMAN | |
| G. IN | RECOI | (Y | 15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or dete | | | FORCES? 16. SOCIAL SECURITY NO. | | 17. INFORMANT DECEASED | | DDRESS | |
| ACK To Fe | HE | _ | 140 | | | | | | | SA | |
| PERMANENT RECORD. CK OR BLUE-BLACK INK—DO Physicians: nloage write | A. | | 18. DISEAS | S X | CONDITION | DIRECTIV | CAU | ISE (| OF DEATH | | ONSET AND DEATH |
| ENT | | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) METASTATIC CARCINOMA 7 MI | | | | | | | | |
| AN S | Ĺ | heart failure, asthenia, etc. It means the disease, injury or complication which caused death.] | | | | | | | | ***************************** | |
| FRM | Physicians: r U OF VITAL | | ANTECEDENT CAUSES | | | | | | | | |
| IS A PER | اللهما | _ | DIGENER | | | | | AR | CINOMA OF SIGN | 401D | I YR. |
| HIS IS A | BUR | ATION | RISE TO T | HE ABO | ONDITIONS, IF OVE CAUSE (A) CONDITION LA | STATING TH | IG IE DUE TO | | | | |
| ENT | 500 | | ONSERE | 1140 | DONE THON EX | 31. | (C) | | *************************************** | Brebellow vocuperationed also various end | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| EAN P | | RTIFIC | | | 11 | | | | | | |
| OR WITH PERMANENT | VITH THE | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | | | | | |
| E E | E) WITH | Ö | IF OPERATION | | RELATED TO | 19A. DATE | OF OPERATION | 11 | 98. CONDITION FOR WHIC | H OPERATION | 20. AUTOPSY7 |
| M M | (E) | Z Z | PART I OR P | ART II | | | (– 5 & 21s.1NJURÝ 1000 | | E-X PLO | RATION | YES NO |
| OR | m | _ | OF INJURY | · | (, | | WHILE AT NO | T WHIL | E | OKT OCCORT | |
| TYPE, | JST | | 22. I certif | y tha | t (I) (this- | nospital) | | | ed from 9 - | 20 | 19 5 to |
| TT | | | J.A.N.UA.R | y 2 | .19.5 | , that | (I) (we) last sa | aw th | e deceased alive on | JANUARY 2 | 1 19.56 |
| PLEASE m of in | 割 | | and that dea | th occ | urred at5. | :./ 5. P n | a., from the cau | | nd on the date stated abo | | |
| - DE - | 7 | | 25A. 51GHA1 | Po | rul & S | Herold | L M.D. | | · | 1-9- 0 | C. DATE SIGNED |
| iter | E | 2 | ATTENDING PE | | MED. DIRECT | TOR 🗍 | STAFF PHYS. | • | " " " COLOCIAON | sec. | 0 - |
| P | S CERTIFICA | TIC | ON, REMOVAL (S) | pecify) | JAN 25 | | | | FHOR AL PARK T | | 1 |
| Eve | E | D | BURIAL TE RECEIVE | BY | REGISTRAR'S | | | | 25. FUNERAL DIRECTOR | YLOR AUL | ADDRESS |
| 1 | HIS | Lo | CAL REGISTS | RAR | // // | / / | 10/20 | fi | 01100 | ***** | |
| | | 1.1 | 42121 | | 11.60 | | 1. Che erc | 1 | WASKIND _ | 7110 BE | AIR RD |



PHISTINGTIONS

3. 3

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

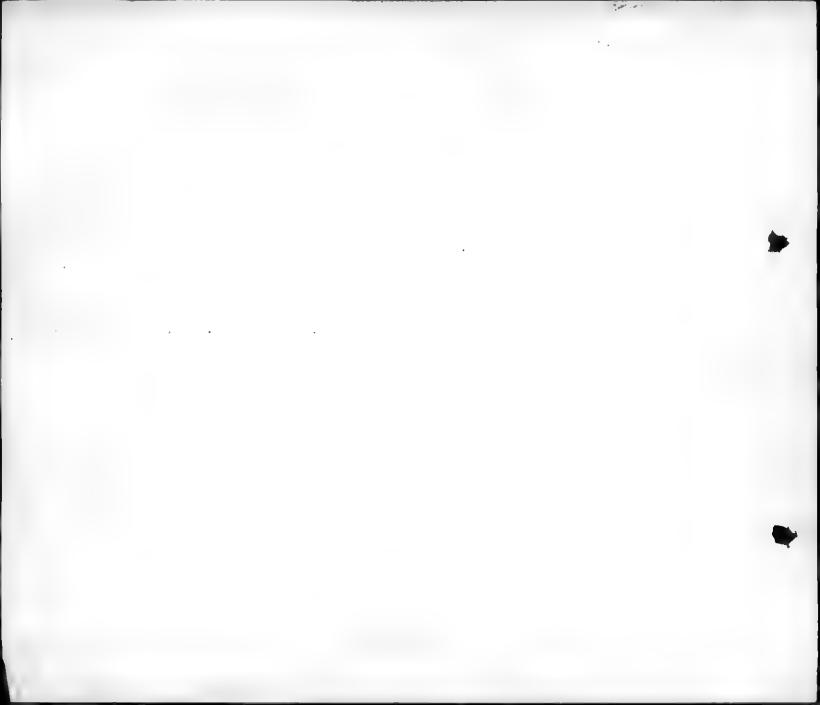
CERTIFICATE OF DEATH

00290

| 2. SUBLA RESIDENCE (HOME) OF DECEASED COUNTY BALFO. COUNTY BALFO | | Reg. Dist. No |
|--|---|---|
| COUNTY CITY (Include desponds limit), write RURAL OR and give neseral town) ON ROYAL OR RESTRICTION ON BALTO, 13 HOSSITAL OR RESTRICTION ON BALTO, 13 HORSES TOWN BALTO, 13 HO | 1. PLACE OF DEATH 7815 SUXWEV 8 | 2. USUAL RESIDENCE (HOME) OF DECEASED |
| ORWN BALTO B | COUNTY DALIO | STATE MA COUNTY |
| HOSPITAL OR SOURCES OR BUTSON WURSTING HOME STREET ADDRESS OR BUTSON WURSTING HOME STREET TO THE BASIVE CAUSE (A) COLOR OR FAIL TO THE DISTASES OR CONDITIONS OF ANY (B) ADDRESS (COLOR OR FAIL OF A COLOR OR FAIL OF A COLOR OR FAIL OF A COLOR OR FAIL O | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this place) | CITY (If outside corporate limits, write RURAL end give neerest town) |
| HOSPITALOR OF STREET ADDRESS OR ENJSON WURSTING HOME STREET ADDRESS OR ENJSON WURSTING HOME STREET ADDRESS OR ENJSON WURSTING HOME STREET ADDRESS OR ENJSON WURSTING ADDRESS OR ENJSON WURSTING ADDRESS OR CONDITIONS (IC WAS IN ADDRESS OR CONDITIONS IN ANY (B) ADDRESS OR CONDITIONS OR ANY (B) ADDRES | TOWN RUY TON 4 10 days | |
| STREET ADDRESS OR BASSON WAS WELL OVE (Really) (| INSTITUTION OF | A PROPERCY AND |
| DECEMBER COLOR OR 7 SINGLE MARRIED | STREET ADDRESS OR ENSON NURSING HOME | 1725 VARLEY AVE. |
| 5. SEX 6. COUR OR 17 SINGLE MARKED (Specify) WOWN WOOD TO SINGLE MARKED (Specify) WOWN WOOD TO SPECIF (Specify) WOOD TO S | DECEASED | |
| 10 USIAL OCCUPINT Country Co | (Type of Print) LEONA LOVE K | EISTER DEATH /= 26 - 1056 |
| 10a. USALA OCCUPATION Give kind of work done during file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of working file, every it considered from the pool of the poo | | 1 |
| done during most of working life, even it reliefs of the process o | FRM. WHITE Specify MARRIED 10- | JUNE 1842 63 yrs. Months Days Mours Min |
| 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION INFORMATION I | done during most of working life, even if OR INDUSTRY | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yest for an unit.) ID ISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ID ISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ID ISEASES OR CONDITIONS, IF ANY, (B) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) OINTER SIGNIFICANT CONDITIONS, CONTRIBUTING TO THE DESTAND UNDERLYING CAUSE LAST, DUE TO DISEASES OR CONDITION CAUSING DEATH DISEASE OR CONDITION C | relired AUSE WIFE MOME | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS CAUSE (A) | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS CAUSE (A) | ALINTO BUTCHER | 124114 (1) |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 20 8 D 3 T Tilt | | 17. INFORMANT & ADDRESS 31/05 SOLLEKS |
| IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH OF INJURY Street Contribution 20 AUTOPSY? 21e. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CONTRIBUTING CAUSE OF DEATH OF INJURY Street Contribution 21e. INJURY OF INJURY (Monih) (Day) (Year) (Hour) While Not white while of work at work 10 In jury 22. I hereby certify that I attended the deceased from and that death occurred at any Mr. from the causes and on the date stated above. ADDRESS (Street, City, town, state) DATE SIGNED AND. 516 SERMATION. DATE THEREOF NAME OF CERMATORY LICENTRING (CITY INDURY OF CRIPNIC) (CITY INDUR | Ment | KORT, W. KEISTER POINT K.L. |
| ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 30.8 U.ST rilt doi: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | |
| ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR HINDINGS OF OPERATION 21c. WHERE DID INJURY OCCUR? (City or town) 21c. WHERE DID INJURY OCCUR? (City or town) 21d. TIME OF INJURY (Monih) (Day) (Year) (Hour) 21d. TIME OF INJURY (Monih) (Day) (Year) (Hour) A | 101 Harrist Caller 14 5 1031 | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ACCUBENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) 21d. TIME OF INJURY (Monib) (Day) (Year) (Hour) 21e. INJURY OCCURRED White of work of the causes and on the date stated above. 22. I hereby certify that I attended the deceased from ADDRESS (Street, city, town, slete) DATE SIGNED 23. BURIAL, CREMATION. DATE THEREOF NAME OF CREMATIONY LOCATION (City, hown, slete) DATE SIGNED 1. OCATION (City, hown, slete) DATE SIGNED NAME OF CREMATION DATE THEREOF NAME OF CREMATIONY LOCATION (City, hown, slete) DATE SIGNED 1. OCATION (City, hown, slete) DATE SIGNED 2. DATE SIGNED 2. DATE THEREOF NAME OF CREMATIONY LOCATION (City, hown, slete) DATE SIGNED 2. DATE SIGNED 2. DATE THEREOF NAME OF CREMATIONY LOCATION (City, hown, slete) DATE SIGNED 2. DATE SIGNED 2. DATE THEREOF NAME OF CREMATIONY LOCATION (City, hown, slete) DATE SIGNED 2. DATE THEREOF NAME OF CREMATIONY LOCATION (City, hown, slete) DATE SIGNED 2. DATE SIGNED 2. DATE THEREOF NAME OF CREMATIONY LOCATION (City, hown, slete) DATE SIGNED 2. DATE THEREOF NAME OF CREMATIONY LOCATION (City, hown, slete) DATE SIGNED | | tander nevasyation , company |
| STATING UNDERLYING CAUSE LAST. DUE TO IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? YES NO. 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., atc.) 11 | DISEASES OR CONDITIONS, IF ANY, (B) | r bin t . t . vi. |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, farm, factory, OR CONTRIBUTING 1 CAUSE OF DEATH OF INJURY Street, office bidg., atc.) 21a. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, farm, factory, OR CONTRIBUTING 1 CAUSE OF DEATH OF INJURY Street, office bidg., atc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) (State) 21d. TIME OF INJURY (Monith) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not white at work 1 in juru 22. I hereby certify that I attended the deceased from 1 injuru 22. I hereby certify that I attended the deceased from 1 injuru 23. BURIAL, CREMATION. DATE SIGNED M.D. 516 2athedral 3treet 1 Incation (Sity, hown, stete) DATE SIGNED (State) (Stat | STATING UNDERLYING CAUSE LAST. DUE TO | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 12b. PLACE (Home, farm, factory, OR CONTRIBUTING 11c.) 21a. ACCIDENT WAS UNDERLYING 12b. PLACE (Home, farm, factory, OR CONTRIBUTING 11c.) 21a. ACCIDENT WAS UNDERLYING 11c. 21b. PLACE (Home, farm, factory, OR CREMATORY) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21d. INJURY OCCUR? While Not white at work 12d. 21f. HOW DID INJURY OCCUR? 22f. How DID | | Flatt Court L are t Trout |
| 196. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? YES NO 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, OF INJURY OCCUR? (City or town) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Monib) (Day) (Year) (Hour) 21d. TIME OF INJURY (Monib) (Day) (Year) (Hour) 21f. HOW DID INJURY OCCUR? While Work at work 22c. I hereby certify that I attended the deceased from the date stated above. 22d. I hereby certify that I attended the deceased from that death occurred at the date of the date stated above. 22d. I hereby certify that I attended the deceased from that death occurred at the date of the date stated above. 22d. I hereby certify that I attended the deceased from that death occurred at the date of the date stated above. 22d. I hereby certify that I attended the deceased from that death occurred at the date of | TO THE DEATH BUT NOT RELATED TO THE | rine |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY Street, office bidg., atc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) (State) (County) (State) (County) (State) (County) (State) (County) (State) (State) (County) (County) (State) (County) (County) (State) (County) (State) (County) (State) (County) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (County) (State) (County) (County) (State) (County) (State) (County) (County) (State) (County) (County) (County) (State) (County) (County) (State) (County) (County) (State) (County) (County) (County) (State) (County) (Cou | | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street, office bidg., atc.) 11. U.T. 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED White Not white at work And it last saw the deceased from 19. Injury 22. I hereby certify that I attended the deceased from 19. Injury 22. I hereby certify that I attended the deceased from 19. Injury 22. I hereby certify that I attended the deceased from 19. Injury 23. BURIAL, CREMATION. (DATE THEREOF NAME OF CEMETERY OR CREMATORY) ADDRESS (Street, city, town, state) DATE SIGNED A.D. 516 On the date of CAMPING (City, town, state) DATE SIGNED A.D. 516 On the date of CAMPING (City, town, state) DATE SIGNED | - 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1: 1 : .rcts. 7 YES NO- |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not white at work 21e. Injury 22e. I hereby certify that I attended the deceased from 19. Injury 22e. I hereby certify that I attended the deceased from 19. Injury 22e. I hereby certify that I attended the deceased from 19. Injury 22e. I hereby certify that I attended the deceased from 19. Injury 22e. I hereby certify that I attended the deceased from 19. Injury 22e. I hereby certify that I attended the deceased from 19. Injury 22e. Injury 22e. I hereby certify that I attended the deceased from 19. Injury 22e. I hereby certify that I attended the deceased from 19. Injury 22e. I hereby certify that I attended the deceased from 19. Injury 22e. In | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) | * |
| 22. I hereby certify that I attended the deceased from 19. In juru 19. In juru 22. I hereby certify that I attended the deceased from 19. In juru 22. I hereby certify that I attended the deceased from 19. In juru 29. In ju | (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 2.20 | |
| 22. I hereby certify that I attended the deceased from 19. I have of certify that I attended the deceased from 19. I have of certify that I attended the deceased from 19. I have of certify or crematory 19. I have of certification 19. I have of cer | While C Not white C | |
| ADDRESS (Street, city, town, stete) M.D. 516 Oathedral Street ADDRESS (Street, city, town, stete) | | |
| ADDRESS (Street, city, town, stete) M.D. 516 Oathedral Street ADDRESS (Street, city, town, stete) ADDRESS (Street, city, town, stete) DATE SIGNED 1-27-56 | 22. I nereby certify that I attended the deceased from | Ingury 19 Indian, to at the deceased |
| M.D. 516 Sathedral Street 1-27-56 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETRY OF CREMATORY LOCATION (Six fown of County) (Six) | 1 /GMCNATHOR / / | |
| 22 BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, hown or county) | James Trahamminaston | |
| KUDIKI 1-20-56 MINDOWK, IV + DOXSIY (1) | 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY O | |
| | KURIAL 1-30-56 MINDOW | RIDGE DORSEY, Chel |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
| DATE Melel Grow Kralter Briefy Budley of which Mili | pate . Melel Gray | Kintle Burg. Budles & Curloth Mili |

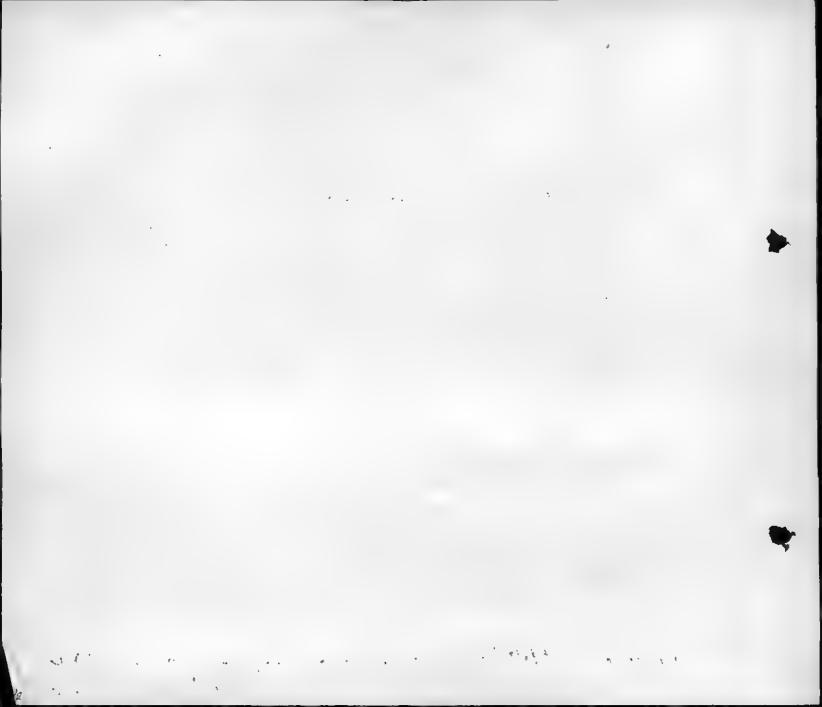
Ę, 3 1

| | CERTIFICATE | OF DEATH Reg. Dist. | 140. |
|----------------------------|---|--|---|
| carefully. legibly. | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |); |
| carefull legibly. | COUNTY Baltimore MARYLAND | STATE Maryland county | |
| | CITY (If outside corporate limits, write RIRAL, 1 ENGTH OF STAY) | CITYIII outside corporate limits, write RURAL at | nd give nearest town |
| auses of death clearly and | OR and give nearest town) (In this place) TOWN Fort Howard 22 Days | TOWN Baltimore | |
| 9 | HOSPITAL OR INSTITUTION OR | STREET (If rural give location) | |
| clearly | STREET ADDRESSVeterans Administration Hospital | 1 3801 Fernhill Avenue | V |
| death c | | | Ex) (Year) |
| | Type or Print: ANTON P. KOPE | | 19 56 |
| | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF RACE; WIDOWED, DIVORCED, | | |
| | Male White (Specify)Single Decembe | er 25, 1898 57 yrs. | |
| | I work done during west of working life OR INDUSTRY. | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| 2 | | | ·S * · A |
| | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| e rue | Peter Kopetza | Helen MN: Unknown | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCEST IS SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| ease w | Yes, no, or unk!) (If Yes, give war or dates Yes of service) WW I 219-10-8936 | Clin.Rec., Vet. Adm. Hosp., Ft. How | ard,Md. |
| | 18. MEDICAL CERTIFICATIO | | INTERVAL BETWEEN |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSEY AND DEATH |
| | ADVANCED FRI | BROCASEOUS TUBERCULOSIS. | |
| | COSO TIBLES | DICOMPILOOD TODIACORO, | UNKNOWN |
| I | | | UNANOWN |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | |
| | (C) | | |
| Par ! | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| ımportan | DISEASE OR CONDITION CAUSING DEATH. | | J |
| 4 6 5 4 | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| 3 | K. | | YES NO |
| 100 | 218. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factor OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | zy, 21c, WHERE DID (City or town) (Count; INJURY OCCUR? | y) (State) |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while | 21F. HOW DID INJURY OCCUR? | |
| 12 12 13 13 | | | |
| | M. at work at work | | |
| 9 | WA M. at work at work | , 1956, to Jan31., 1956, xhecxxxxxx | OF COMPANY OF THE PARTY |
| n | 22. I hereby certify that Kattended the deceased from Jan 9 | | |
| 10 Mg | WA M. at work at work | 3:30PM, from the causes and on the date s | |
| 10 Mg | 22. I hereby certify that Kattended the deceased from Jan 9 XNING DAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 3:30PM, from the causes and on the date s ADDRESS DAT D. VAH, FORT HOWARD, MARYLAND 2/ | tated above. E SIGNED |
| ect age is | 22. I hereby certify that Kattended the deceased from an 9 XSINGLOGNOCONNEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 3:30PM, from the causes and on the date s ADDRESS DAT D. VAH, FORT HOWARD, MARYLAND 2/ RY OR CREMATORY LOCATION (City, town, or | stated above. E SIGNED 2/56 county) (State) |
| esi . | 22. I hereby certify that Kattended the deceased from Jan 9 XNING DAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 3:30PM, from the causes and on the date s ADDRESS DAT D. VAH, FORT HOWARD, MARYLAND 2/ RY OR CREMATORY LOCATION (City, town, or | stated above. E SIGNED 2/56 county) (State |



PLE,

DATE REC'D BY REGISTRAR



306

CERTIFICATE OF DEATH

00292

| - | 200 | CERTIFICATI | y Or Diva | Reg | Dist. No. |
|-------------|---|-------------------------------------|--|----------------------------|--------------------------------|
| | 1. PLACE OF DEATH: | | 2. USUAL RESIDE | NCE (HOME) OF DECEA | SED: |
| - | COUNTY Baltimore | MARYLAND | STATE DU | aughand | COUNTY |
| 5 | CITY (If outside corporate limits, wi | ite RURAL LENGTH OF STAY | CITY (If outside | corporate hmits, write RI | JRAL and give nearest town |
| 5 | OR and give nearest town) TOWN Rural: Towson | (in this place) | OR TOWN | etemore | |
| 1 | HOSPITAL OR Fudowood | Sanatorium | STREET | (If rural give | focation) |
| 3 | | 6 | ADDRESS 4 | 65 W 600 | 2. m. 16. |
| 1 | 1003011 4, | | | - Li - gae | w. simil. |
| 3 | J. NAME OF (First) DECEASED: | (Balmidale) | (Last) | 4. DATE (Month) | (Day) (Year) |
| | (Type or Print) William 5. SEX: 6 COLOR OR 7. SII | 12. Varutu | Over the manual of the last | DEATH: | NIBER I YEAR I F UNDER 24 HRS. |
| 1 | RACE: WI | DOWED, DIVORCED, / | OF BIRTH: | AGE last birthday: IF U | nthe Days Hours Min. |
| 2 | | recity): | 430/08A | yra. | |
| 5 | 10a. USUAL OCCUPATION Give kind o work done during most of working life | | 11. BIRTHPLACE | (State or foreign country) | 12. CITIZEN OF WILAT |
| 3/ | Restreet with Culter | A. + P. C. | | | W. S.A. |
| 1 | 13. FATHER'S NAME: | | 14. MOTHER'S MAID | EN NAME: | |
| 3 | Jolin d. d | emper | Emi | na logg | Me. |
| 3 | 15 WAS DEASED EVER IN U.S. ARMED FORCE (Yes, no, unk.) (If Yes, give war or date: | | INFORMANT & ADD | RESS: | |
| ر د مريا | service) | | r. William K. | Lambie - 145 N | L Ellwood Ave. |
| 317 | | 18. MEDICAL CERTIFICATI | The second secon | | Interval Betwee |
| in 13 | 1. DISEASES OR CONDITIONS DIREC | TLY LEADING TO DEATH | | 0 | Onset And Deat |
| 2 | 00 % X | Kulin | non 1 | whereul | 724N |
| 210 | Immediate cause | UE TO | | | 1 |
| | Antecedent causes (s) | | | | |
| 970 | Diseases or conditions, If any, giving rise to the above cause | (b) . | | | |
| 212 | stating the underlying cause last. | JE 10 | | | |
| 2 | 11. OTHER SIGNIFICANT CONDITIONS | (c) | | | |
| 4 | Conditions contributing to the death by | | <u></u> | | |
| 3 | related to the disease or condition cause 19a. DATE OF OPERATION: 19b. MA. | | | | 20. AUTOPSY ? |
| 2 | | | | | Yes No No |
| 2 | 21. ACCIDENT (Specify) P | LACE (Home, farm, factory, street | (CITY OR TOWN | (COUNTY) | (STATE) |
| 111 | SUICIDE O | f office bldg., etc.) | | | arithria - summ |
| 2 | TIME (Month) (Day) (Year) (Hour |) INJURY OCCURED While at Not While | HOW DID INJURY | OCCUR? | |
| 2 | INJURY | . Work At Work | | | |
| 5 | 22. I hereby certify that I attended | the deceased from Tur ? | ,19 S.Y. to Spen | - 2, 195 L, that | I last saw the deceased |
| ű | alive on 2.5 3 1956, at | nd that death occurred at | J.J A. Kafrom | the causes and on the | e date stated above. |
| 72 | SIGNATURE | Degree or title | ' ADD | RESS | DATE STURED |
| 70 | - Milton 12. | / Ness 11. D. | | natorium - Tows | |
| | REMOVAL (Specify) | | RY OR CREMATORY | LOCATION (City, tow | on, or county) (State) |
| | Burial 1/30/9 | 6 Holy Rede | emer Cem. | Balto., | Md. AHORESE |
| | REGISTRAR 28 1956 R. W. | | Wang (| Tickrued to | long = David 17 |

VS. A15

PLEASE WRITE PLAINLY, WITH

UNFADING INK. Supply every item of infommation marefully.

MARGIN RESERVED FOR BINDIN



ATTENDING PHYSA A OF HOSTITAL: The we requires that the dark The bottom copy may be retained by the hospital or attending physician.

■15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00293

303

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEAS | ED |
|--|--|----------------------------------|
| COUNTY Baltimore MARYLAND | | Baltimore |
| OR and give nearest town) (in this place) | CITY (If outside corporete limits, write RURAL end give r OR | neerest town) |
| Parkville | TOWN Parkville | |
| HOSPITAL OR INSTITUTION OR | STREET (If rural give location | n) |
| STREET ADDRESS 9003 Harford Road | 9003 Harford Road | |
| 3. NAME OF (First) (Middle) | (Lest) 4. DATE (Month) | (Day) (Yeer) |
| (Type or Print) Mrs. Anna | Lane DEATH Janu | ery 30ths 56 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | OF BIRTH 9. AGE lest birthdey IF UNC | DER 1 YEAR HE UNDER 24 HR |
| female white (Specify) married July | 25. 1895 60 yrs. Months | Deys Hours Min. |
| female white married July 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country) | 12, CITIZEN OF WHAT |
| done during most of working life, even if OR INDUSTRY | | COUNTRY? |
| retired) at home | Baltimore, Maryland | USA |
| | | |
| Mr. Frank Simacek | Sophia | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service) | 17. INFORMANT & ADDRESS | |
| (11 to), give wer of delets of services | Mr. Lester Lane, 9003 Har | ford Road |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | RTIFICATION A A A A A | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASES OF CONDITIONS DIRECTED LEADING TO DEATH | a gard de he l'es lier | 3/ANIAS |
| MANEDIATE CAUSE (A) | ee core con ve state | 7// |
| ANTECEDENT CAUSE(S) DUE TO | milioni of an emple | |
| DISEASES OR CONDITIONS, IF ANY, (B) | acces 1 Cores us | |
| STATING UNDERLYING CAUSE LAST, DUE TO | i liver | In. |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | The state of the s | |
| TO THE DEATH BUT NOT RELATED TO THE | selemo io | |
| DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 2D. AUTOPSY/ |
| | | YES NO |
| 216. ACCIDENT WAS UNDERLYING 216 PLACE (Home, form, foctory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, edited bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21c. WHERE DID INJURY OCCUR? (City-or town) (Co | ounty) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED. | 21. HOW DID INJURY OCCUR? | |
| M. of work of works | | |
| 22. I hereby certify that I strended the deceased from | , 1955, 10 Cen 3, 1956, that | Libet and the decess. |
| | 13. A. M, from the causes and on the date sta | |
| alive on 17. 2. 19. 19, and that death occurred a | ADDRESS (Street, city, toyin, strik) | iled above. |
| O Starte (1 Karillan) | PART HOLDER RA PO | KEE 19/1/21/17 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF | CREMATORY LOCATION (City, town, or cou | nty) (Stere) |
| Burial Feb. 2. 1956 Holy Rede | emer Cemetery Baltimore. | Maryland |
| 24. RECY BY REGISTRAR REGISTRAR'S SIGNATURE | emer Cemetery Baltimore, | ADDRESS |
| DATE (201,3/1906) . No. A. M. Beron | Leonard J. Ruck, 5305 Harfo | rd Road #1h |

S'A A. 3.3

DECEIVED

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

206

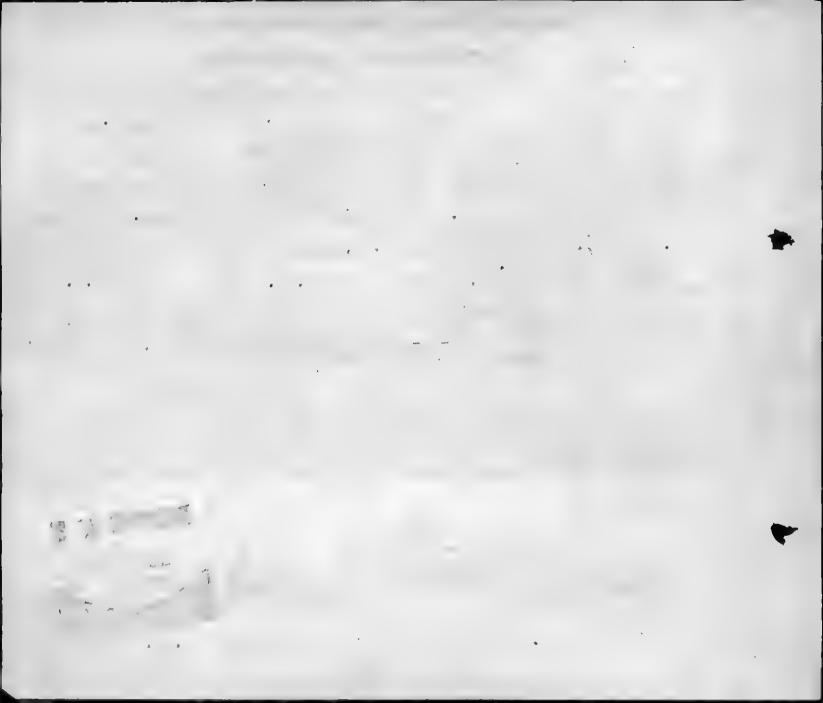
CERTIFICATE OF DEATH

| Reg. Dis | st. No | |
|----------|--------|--|

| | 1. PLACE OF | DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | | | | | |
|-----------|---|---|----------------------|---------------------------------------|---------------------|-------------------------|--------------|--|-----------------|------------|-------------------|
| | COUNTY | Baltim | ore | MARYL | AND | STATE IId. COUNTY Balto | | | | to. | |
| | CITY (if outsid | CITY (if outside corporete limits, write RURAL LENGTH OF STAY | | | | | | orete limits, write RURAL | | | |
| | OR end give | neerest town) | rbutus | (In this) | VYS | OR TOWN | Arbu | tus | | | |
| П | HOSPITAL OR | | 200000 | , 10 | 2 - 12 | STREET | 1,442 10 00 | | give loceti | on) | |
| | INSTITUTION OF | | Maiden C | haina T | | ADDRESS | 1 07 7 | 78-43 A | 7 | - 90 - | |
| | 3. NAME OF | (First | | (Widgle) | ane | (Lest) | 1213 | | hoic | (Day) | (Yeer) |
| | DECEASED (Typa or Print) | | _ | | | • | | OF | | (00) | |
| | | Char. | | 0. | Lang | | | | Jan. | 30 | 1956 |
| | 5. SEX | RACE OR | 7. SINGLE, A | D. DIVORCED. | 8. DATE C | OF BIRTH | | 9. AGE last birthday | Month | DER 1 YEAR | Hours AMIN. |
| | ₩. | ₩. | (Specily) | Married | Nov.1 | 6.1899 | | 56 yr | | Days | Hours Min. |
| | 10s. USUAL OCCUP | ATION (Give kind | of work 10b | OR INDUSTRY | SS | 11. BIRTHPLACE (| Stata or for | eign country) | | | N OF WHAT |
| 3 | retired) S 1373 | erviso | Tn | t Reven | 10 | Balto. | 680 | | | U.S. | |
| Ì | 13. FATHER'S NAME | 101 1100. | 1 1 1 1 1 | W TROY OIL | LL DI | 14. MOTHER | | NAME | | 0.55 | A |
| | | C-h-a | 64 T | and and and | | | | | | | |
| | 15. WAS DECEASED | | tian Lan | I 16. SOCIAL SEC | CLIBITY NO | Ros | S 2. | 4000000 ON 69 | | | |
| | | | or detes of service) | | | | ADDRESS 1213 | | en Ch | noice | |
| | | | | 212-07 | -0863 | Miss | Gra | ce Langhi | rt, | | Lane. |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | | | | | | | RYAL BETWEEN |
| | Manager C.T. Tar | | | | | | | | | | 7)00 |
| | IMMEDIATE CAUSE (A) | | | | | | | | | 2 0043 | |
| | DISEASES OR CONDITIONS, IF ANY, (B) Conclu] | | | | | | | | | 1 2 | most |
| | CRUMO DICE TO T | HE ABOVE CALL | e E | 10,00 | - T | | | | | | 77-01-5- |
| | STATING UNDERLY | NG CAUSE LAS | (C) | | | | | | | | |
| | II OTHER SIGNIFICA | | CONTRIBUTING | - | Λ | | | | | _ | |
| | DISEASE OF CON | | | Besical | 1/1 | Tube | my | Comment of the commen | | Les | of non |
| | 190. DATE OF OPER | | | INGS OF OPERATIO | N N | 1,000 | | | | 2 | D. AUTOPSY? |
| | | | | | | | | | | YES | |
| | 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER) (State) | | | | | | | | | | |
| | 21d. TIME OF INJUR | Y (Month) (Da | y) (Yaar) (Hour) M. | | URRED of while work | 2H, HOW DID IN. | JURY OCC | UR? | | | |
| | | | | | | | | | | | |
| | ZZ. I heroby | 22. I hereby certify that I attended the deceased from. 19 , to Jon 30, 19.56, that I last saw the deceased | | | | | | | | | |
| 4 | alive on | | | | | | | | | | e. Date signed |
| 10 A | 7 | 1.11 | 1 july | 1 1 | | 4605 | 4 | | v en H, a 1480; | | 2 / . / ~ |
| A15C 1-55 | 23. BURIAL, CREMA | TION | DATE THEREOF | L NAME OF | M.D. | | un | LOCATION (City, to | and a | | -/// |
| 5C 1 | REMOVAL (SPE | CIFY) | | INAME OF | CEMETERT OR | CKEMATORT | | COCATION (CITY, TO | own, or co | nut) | (Stere) |
| Y | Buria | I E | reb. 2/56 | Loud | lon Pa | | | Balto | WoL | | |
| ۸ | 24. REC'D BY REGIS | STRAR | REGISTRAR'S SIGNA | TURE | -7- | 25. FUNERAL I | DIRECTOR' | SSIGNATURE | | ADDRES: | 3 |
| | DATE 's | | | | | V-terapus 4 | 1.41 | the 410 | L Ed | monda | ON AVA |

ATTENDING PHYSMIAN OR HOSPITALS The law requires that the death The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.



OR

PLEASE TYPE

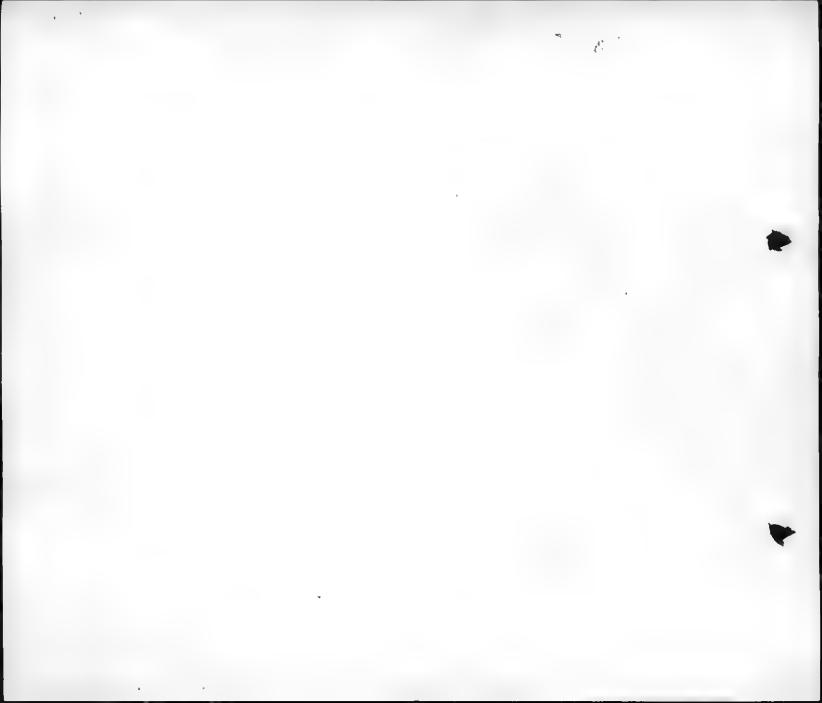
VS. A15 -

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1) 295 CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | |
|--|---|--|--|
| county Baltimore Maryland | STATE Maryland county | | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) | | |
| TOWN Catonsville (in this piace) 2yr5mos26da | TOWN Baltimore | | |
| HOSPITAL OR | STREET (If rural give location) | | |
| ASTREET ADDRESS Spring Grove State Hospital | ADDRESS 1910 Park Avenue | | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) | | |
| DECEASED: (Type or Print) John B. | Larsen OF January 6, 1956 | | |
| RACE: WIDOWED, DIVORCED. | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min. | | |
| 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT | | |
| work done during most of working life, or industry: even if retired): Coppersmith | Maryland Country? | | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | |
| August A. Larsen | Elizabeth Harble | | |
| IB. WAS DECKASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | |
| (Yes, no, or unla) (If Yes, give war or dates Yes of service) WW I | Records Spring Grove State Hospital | | |
| 18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH | | |
| 1 ' < | SHOEL AND DEATH | | |
| IMMEDIATE CAUSE (A) Lobar pnet | umonia 6 days | | |
| ANTECEDENT CAUSE (\$) | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | | |
| (C) | | | |
| IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | |
| DISEASE OR CONDITION CAUSING DEATH. Suppuration | ve parotitis 2 days | | |
| 19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from?-11: | = 19 53 to 1=0= 19 50 that I last saw the deceased | | |
| alive on 1-6-56, 19, and that death occurred at | | | |
| SIGNATURE | ADDRESS State War and ADDRESS State ADDRESS State ADDRESS State War and ADDRESS State ADDRESS | | |
| Sulla Vacheles M. | oring Page State Hospital PATE SIGNED Catonsville 28, Maryland 1-6-56 | | |
| 23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE | ERY OR CREMATORY LOCATION (City, town, or county) (State) | | |
| Burial Jan 10, 1956 Baltimore | National Baltimore, Maryland | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS | | |
| REGISTRAR 1.9/16 (211) Hedrech tot | Lilly & Zeiler Inc., 403 S. Wolfe St. | | |
| | | | |

(2W Hedrech tos



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

309

CERTIFICATE OF DEATH

Reg. Dist. No.

| GOO CHARLETON I | OI DIMILIA Reg. Dist. | MOr St. | | |
|---|--|------------------|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): | | |
| county Baltimore MARYLAND | STATE Maryland COUNTY | | | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY(If outside corporate limits, write RURAL and give nearest town) | | | |
| or and give nearest town) (in this place) | TOWN Baltimore 3/6/ | | | |
| HOSPITAL OR SOPPONSON Nursi ng Homo | STREET (If rural give location) | | | |
| STREET ADDRESS 7912 Ruxway Road | ADDRESS Broadview Apartments | | | |
| DECEASED. | Last) 4. DATE (Month) (I | Day) (Year) | | |
| (Type or Print) FLORENCE MAY LA | AYMAN DEATH: Jan. | 12, 19 56 | | |
| female white (Specify): single May 16 | 9. AGE last birthday IF UNDER LY 81 yrs. Months D | Rys Hours Min. | | |
| IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS) | 11. BIRTHPLACE (State or foreign country): 112 | CITIZEN OF WHAT | | |
| work done during most of working life. OR INDUSTRY: | Chesterville, Maryland COUNTRY'S.A. | | | |
| Fett retired School Teacher Education | 14. MOTHER'S MAIDEN NAME: | | | |
| Henry Clay Layman | Susanna Brock Ford | | | |
| 15. WAR DECEASED EVER IN U.S. ARMED FORCES! 15. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | | | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | Allan H. Layman, 1535 East 35th St. | | | |
| 18. MEDICAL CERTIFICATI | | INTERVAL BETWEEN | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 | ONSET AND DEATH | | |
| Her. | and all | 1. 1. 1. 1. 3 m | | |
| IMMEDIATE CAUSE (A) | 1 | 100 | | |
| ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) | ratingian 11. 2 de | | | |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. | | | | |
| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | , | | | |
| TO THE DEATH BUT NOT RELATED TO THE | at Course & assis | 1/ 51/ 4/ | | |
| DISEASE OR CONDITION CAUSING DEATH, | | 1 min de | | |
| | | YES NO | | |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? | | | | |
| 210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from June | , 19 55 to hun 102 , 19 56, that I last | saw the deceased | | |
| alive on 44.12 , 195 (, and that death occurred at | 12 20 AM, from the causes and on the date : | stated above. | | |
| SIGNATURE E min (howr M.D. 1101) (Catality of 1916) | | | | |
| 23. BURIAL, CREMATION, DATE THEREOF , NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) State) | | | | |
| burial 1/14/56 Stillpond | Cemetery Still Pond, | Maryland | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS | | | | |
| 1/13/5To /19/11 HECUEN | 1 1m. Good the 1217 St. | Paul St. | | |

MARGIN RIMERVEM FOR BINDING

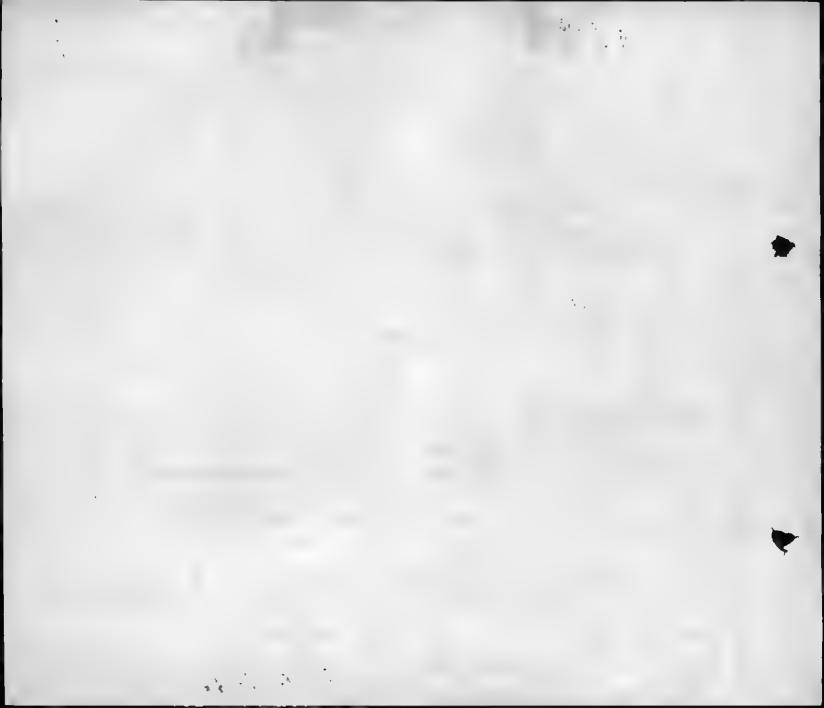
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

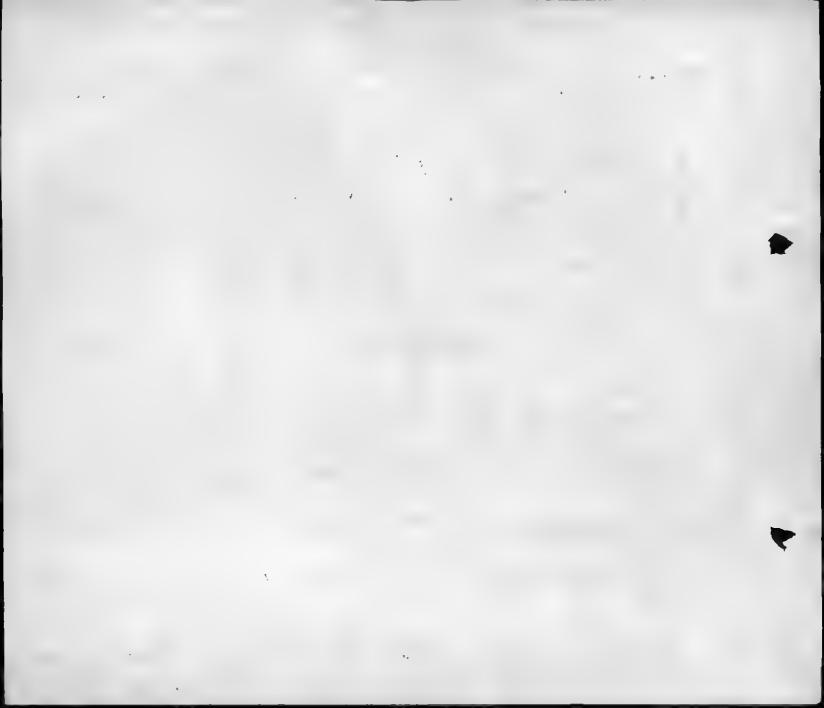
The

Supply every item of information carefully.

VS. A15 -- 10 - 53



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED legibly COUNTY MARYLAND STATE COUNTY LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) and and give nearest town) (in this place) OR information TOWN ATONSV TOWN TO HOSPITAL OR clearly STREET (If rural give location) INSTITUTION OR **ADDRESS** GWYNN (Middle) (Last) 3. NAME OF 4. DATE (Month) death DECEASED of OF (Type or Print) IT. DEATH . 19 item 5. SEX. COLOR OR 17 SINGLE, MARRIED 8. DATE OF 9. AGE last birthday! IF UNDER IF UNDER 24 MRs. WIDOWED, DIVORCED. RACE: of Months | Days Hours (Specify): 20 every causes TOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF work done during most of working, life. OR INDUSTRY: COUNTRY? even if retired): rese Supply 40 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 몫 te WAS DECRASED EVER IN U.S. ARMED FORCEST 16 SOCIAL 17_INFORMANT & ADDRESS Wri (Yes, no, or/unk.) (If Yes, give war or dates Z of service) 01 eas 18. MEDICAL CERTIFICATION MARGIN RESERVED ADIN ä I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 230 Y 00 00 (A) IMMEDIATE CAUSE Physician DUE TO ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, (B) ITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) × II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE import DISEASE OR CONDITION CAUSING DEATH AIN 19A, DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION **AUTOPSY?** PL especially 21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) 国 OF INJURY street, office bldg., etc., INJURY OCCUR? RITI (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while 3 OF INJURY at work at work - 873 召 . 1953 to /- 3 -, 1956 that I last saw the deceased 0 22. I hereby certify that I attended the deceased from 国 त्र and that death occurred at 6, 44M, from the causes and on the date stated above. alive on ā rrect ADDRESS -DATE/SIGNED 丘 DATE THEREOF NAME OF CEMETERY 23. BURIAL. CREMATION. CRAMATORY county 0 REMOVAL (SECIFY) DATE REC'D LOCAL REGISTRAR'S SIGNATURE DIRECTOR ADDRES REGISTRAR



Joseph G. Locks. Jr

Central AVE

Md

Balto.

à

anuary

14 1955



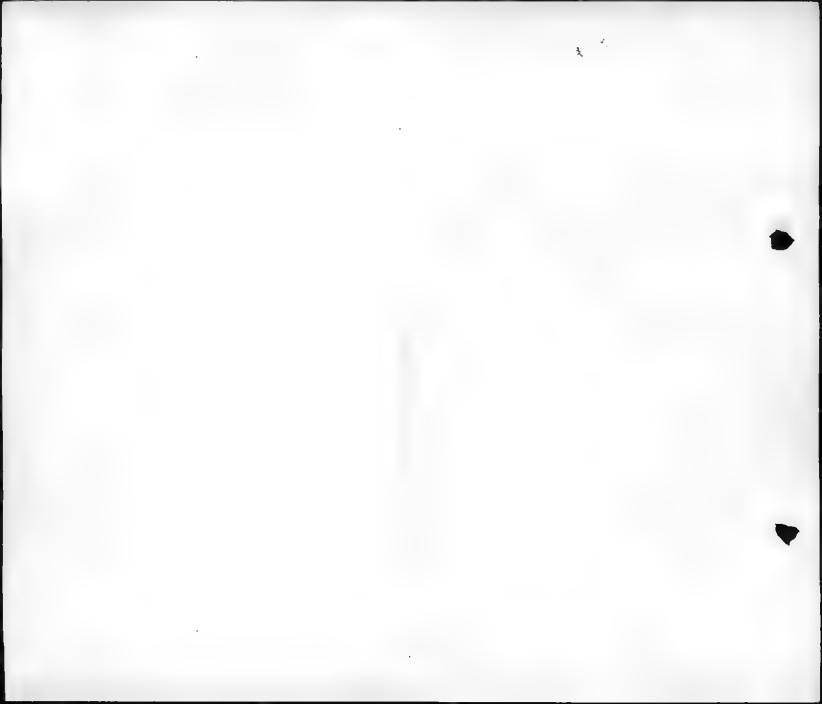
| | efully. The correctibly. |
|-----------------------------|---|
| MARGIN RESERVED FOR BINDING | PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I is especially important. Physicians: please write the causes of death clearly and legibly. |

| | FOR MEDICAL | DAN HINDING | Reg. Dist. | . No Y |
|--|--|---|--------------------------------|--|
| 1. PLACE OF DEATH: COUNTY Baltimore | MARYLAND | z. usual nesidence (i STATE Maryland | COU | NTY BALTO, |
| CITY (If outside corporate limits, write RURA OR give nearest town) TOWN Catonsville | Land LENGTH OF STAY 19y19m023da | s Town Baltimor | te limits, write RURAL and | d give nearest town) |
| HOSPITAL OR INSTITUTION OR Spring Grove | State Hospital | ADDRESS 6504 Co | lgate venue | n) / |
| 3. NAME OF (First) DECEASED (Type or Print) Antonio | (Middle) MARTINE 2 | Lerio | 4. DATE (Month) OF Januar | y 11, 195 |
| Male 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 6-13-1903 | 9. AGE last birthday If un Mon | nder I year II under 24 hr aths Days Hours Min |
| done during recent of specime life over the cettred) | 10b. KIND OF BUSINESS OF INDUSTRY STEEL MFGR | II. BIRTHPLACE (Sub o | foreign country) | 12. CITIZEN OF WHAT |
| Martius Lerio | | 14. MOTHERS MAIDEN | | |
| 15. Was DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (II yes, give war or dates of linknown) (II y | Unknovn | Records Spring | Grove State Ho | spital |
| I. DISEASES OR CONDITIONS DIRECTLY I | IA. MEDICAL CE | | re | INTERVAL BETWEE ONSET AND DEATI |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | Acute | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | h. | | | |
| 19a. DATE OF OPERATION 19b. MAJOR F | INDINGS OF OPERATION | | | Yes AUTOPSY? |
| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. | CE (Home, farm, factory, street, office bidg., etc.) | (CITY OR T | 'OWN) (COUN | |
| TIME (Month) (Day) (Year) (Hour) OF | INJURY OCCURRED While at Not while work at work | HOW DID INJURY OC | CURT | |
| 22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or from: natural causes K1 accident SIGNATURE | Inquiry, find that said deced | utopsy X. Inspection X ased died on the dry states undetermined | d above, and death in a | nd from the evidence my opinion resulted DATE SIGNED 1-12-56 |
| 23. BURIAL, CREMATION FATE THEREORIS (Specify) | NAME OF CEMETER | RY OR CREMATORY L | OCATION (Chy, town, or o | |
| DATE REC'D BY LOCAL RECUSTIVANS | | Sally Profes | | ADDRESS J. |

BUREAU V. S.

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OB A DE SE DE LA EUR



| 2 | 7 | CERTIFICAT | E OF DEA'. | I'H Reg. | Dist. No. |
|--|---|--|--------------------------|----------------------------|----------------------------------|
| 5 | 1. PLACE OF DEATH: | | 2. USUAL RESID | ENCE (HOME) OF DECE. | ASED. |
| 10810 | COUNTY Baltimore CITY (If outside corporate limits, write OR and give nearest town) | MARYLAND_ RURAL LENGTH OF STAY (in this place) | 7 1711 | yland COUNTY Fr | ederick AL and give nearest town |
| 1188 | X Town Owings Mills | la yrs. | TOWN Free | | |
| Carif | HOSPITAL OR INSTITUTION OR STREET ADDRESS ROSEWOOD Sta | ate Tr. School | STREET ADDRESS 211 | East 5th Street | tion) |
| : | 3. NAME OF (First) DECEASED: 7.0 | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| 4 | (Type or Print) LeHOY | | Lipps | DEATH. L | 18 19 56 |
| 70 | male 6. COLOR OR 7. SINGLE WIDOV (Specify | ved. Divorced. | 4/18/03 | DK yrs. | s Days Hours Min. |
| , cause | IOA USUAL OCCUPATION (Give kind of work done during most of working life. | OR INDUSTRY: | Maryla Maryla | State or foreign country): | 12. CITIZEN OF WHA |
| 2 | 13. FATHER'S NAME: | | 14. MOTHER'S MA | AIDEN NAME: | |
| ٥ | Thomas Sylvester Lipps | | Mam: | ie Mariah Loker | |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) | | 17. INFORMANT ROSEL | & ADDRESS. wood Records | |
| 80 | | 18. MEDICAL CERTIFICAT | TION | | INTERVAL BETWEEN |
| <u>ā</u> , | I DISEASES OR CONDITIONS DIRECTLY | Y LEADING TO DEATH | | | ONSET AND GEATI |
| 2 7 | IMMEDIATE CAUSE | (A) Acute Bron | cho-Pneumonia | | 1-2 days |
| 100 | ANTECEDENT CAUSE (S) | DUE TO | | | |
| r nysi | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO | | | |
| 3 | II OTHER SIGNIFICANT CONDITIONS C | (C) | | | |
| 83.15 | TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING | THE Manh 1 | Deficiency | | since birt |
| | 19a DATE OF OPERATION: 19B. MAJO | | N | | 20. AUTOPSYT |
| 21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21C WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work | | | | | County) (State) |
| | | | | | |
| מע | 22. I hereby certify that I attended to alive on 1/18, 19 56, as | | | | |
| Lect | alive on 1/18, 19 , an SIGNATURE | nd that death occurred at | ADDRES | | DATE SIGNED |
| 202 | 23. BURIAL CREMATION. DATE THERE REMOVAL (SPECIFY) 21 Jan | EOF NAME OF CEMET | ERY OR CREMATORY | LOCATION (City, tow | aryland V |
| | DATE REC'D BY LOCAL REGISTRAR | IS SUNKTURE | 24. FUNERAL D | Son & Son, Frede | ADDRESS crick, Md. |

Supply every item of

UNFADING INK.

WRITE PLAINLY,

OR

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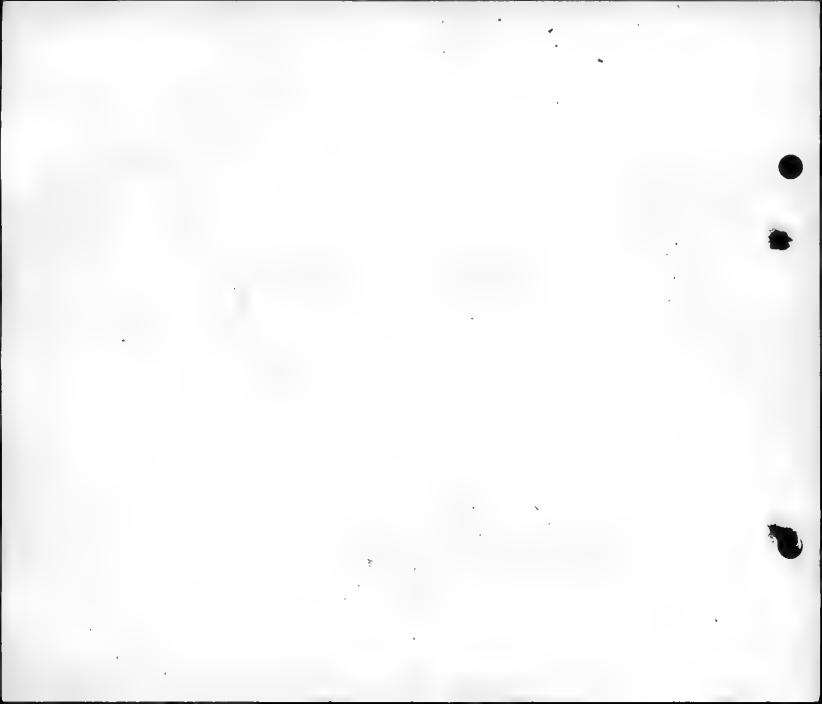
PLEASE

MARGIN RESERVED FOR BINDING

n a numin

315 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 FilmC192 2-1-56 et PLACE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED: legibly. COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY carefully. OR and give nearest town) TOWN TOWN Garrison and STREET HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS COlle Garrison Forest School information 3. NAME OF 4. DATE (Middle) (Last) DECEASED: (Type or Print) Mary Monciel DEATH: death 18. DATE OF BOTH: 5. SEX: 9. AGE last bethday: IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR. 7. SINGLE, MARKED RACE: (Specify) : SING of f 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION, Give kind of work done during most of working life, INDUSTRY: item even if retired): Thach 808 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: can 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.; 17. INFORMANT & ADDRESS: Suppl: service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INK Immediate cause DUE TO Antecedent causes (s) Physicians Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH ortant, 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION PLAINLY, pecially impo 2I. ACCIDENT PLACE (Home, farm, factory, street, office bldg, etc. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED Not While At Work 22. I hereby certify that I attended the deceased from 国 56, and that death occurred at from the causes and on the date stated above. (Degree or title) ADDRESS September 1 BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY MCATION (City, town, of county) DATE REC'D BY LOCAL REGISTRATES SIGNATURE REMOVAL (Specify) 56 sunal FUNERAL DIRECTOR 区

S'A OT HAND



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with Te registrar within 72 Lours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYS

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

317

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CERTIFICATE OF DEATH

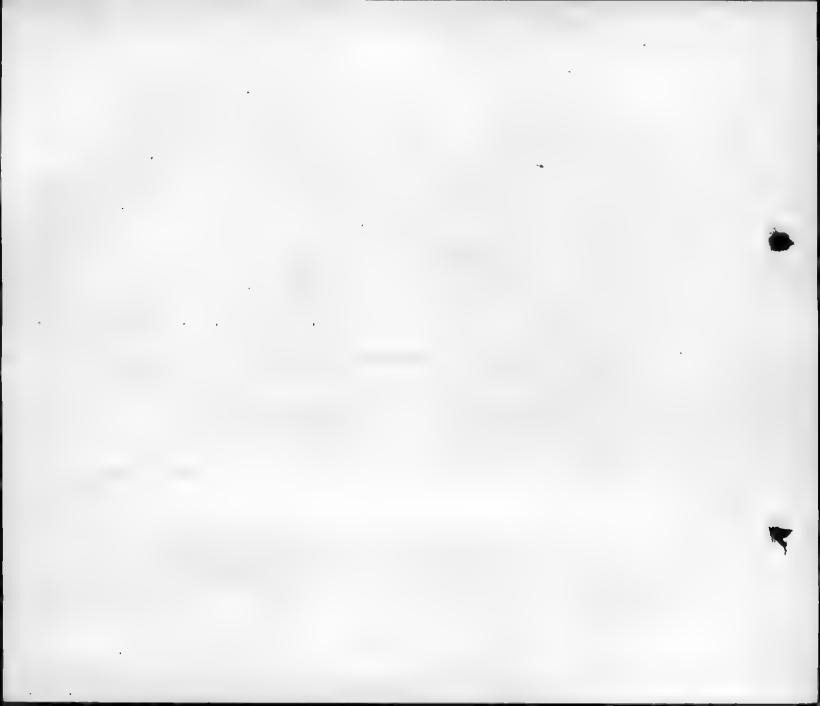
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| 4 | 0.1.6 | | | | R | eg. Dist. No | |
|--|--|--------------------------------------|---------------|-------------------------------|-----------------------------|---------------------|------------------------------|
| 4 | , PLACE OF DEATH | | | 2. USUAL RESIDEN | CE (HOME) OF D | ECEABED | |
| | COUNTY Baltimore | MARYL | AND | state larvl | and county | | |
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) | | | OR | orate fimits, write RURAL e | nd give neeres) tov | vn) |
| | Ruxton | | | TOWN Balti | | | * |
| | HOSPITAL OR Sorensen Nursing Home | | ne | STREET ADDRESS | (If zorel giv | re location) | |
| | STREET ADDRESS 7912 RHXWAY | | | | Linden Av | | |
| | 3. NAME OF (First) DECEASED | (Middle) | | (Lest) | 4. DATE (Mor | | |
| | (Type or Print) Walter Berns | | Logan | | | nuary 2 | - |
| | 5. SEX 6. COLOR OR 7. SINGLE, MARR WIDOWED, DI | VORCED, | 8. DATE O | | 9. AGE lest birthdey | Months Day | |
| | isle White Miritied | | Aug. | 17, 1875 | 80 yrs. | | |
| a | done during most of working life, even if OF | ND OF BUSINES: R I ndustry | | 11. BIRTHPLACE (State or fore | | 12. CIT CO | IZEN OF WHAT UNTRY? S. |
| 2 | | Post | Off. | Baltimore | | U | .S. |
| | 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | | | |
| | Eugene Logan | | | hary O' | | | |
| , | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service) | | | 17. INFORMANT & | Marthe | r G. Lo | |
| | To. | | | | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | | 0 | 0 | NET AND DEATH |
| | IMMEDIATE CAUSE (A) Colonary Thromboses Budden | | | | | | |
| | ANTECEDENT CAUSE(S) DUE TO | ed in a | 1+d | usion | | | 021- |
| | DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | | | | | | |
| | STATING UNDERLYING CAUSE LAST. DUE TO | MAS | -a | wellin- | Chroa | 2 /4 | lease_ |
| | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | - | 0,10,00 | 1 | <i>/</i> | | |
| | DISEASE OR CONDITION CAUSING DEATH. | Hes, | refix | malwar | -0 | | |
| | 198. DATE OF OPERATION 196. MAJOR FINDINGS | OF OPERATION | N / | C | | , | 20. AUTOPSY? |
| | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE [Hom | ia, farm, factor | y. 1 2 | ic. WHERE DID INJURY OCCU | RE (City or town) | (County) | ES NO (State) |
| | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (State) | | | | | | |
| | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e | INJURY OCCU | JRRED white | 21f. HOW DID INJURY OCCU | R? | | |
| | | rork 🛄 ("alfs | work 🔲 | V | | | |
| | 22. I hereby certify that I attended the dece | | | | | | |
| _ | slive on | that death | occurred at | | causes and on the | date stated ab- | |
| 10 <u>X</u> | SIGNATURE STATE | | | An Ti | RESS /(Street, city, low | n, steje) | PATE SIGNED |
| A15C 1-55 10M | 23. MURIAL, CREMATION, DATE THEREOF | I NAME OF | M.D. | | LOCATION (City, tow | n. or county) | (Stata) |
| 15C | REMOVAL (SPECIFY) | | | | | | (2,0,0) |
| VS A | Burial 1/8/56 REC'D BY REGISTRAS REGISTRAN'S SIGNATURE | New | <u>cather</u> | ral Cem. | SIGNATURE | ADDRE | \$s 11905 |
| | JAN 3 1956 REGISTRATS SIGNATURE | la. | | H.W.Jenkin | s and Son | | 4 / 0 2 |

MARGIN RESERVED FOR BINRING

VS. A15-10-53

| 0-27 | MARYLAND STATE DEPARTMEN | T OF HEALTH-BALTIMORE, 18 (1) | 0305 | | | |
|------------------------|---|--|-----------------------|--|--|--|
| y. Th | • 318 CERTIFICATI | E OF DEATH Reg. Dist. | No | | | |
| information carefully. | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | | |
| carefull legibly. | COUNTY Baltimore MARYLAND | STATE Md. COUNTY Baltin | more | | | |
| ea I le | CITY (If outside corporate limits, write RURAL, LENGTH OF STAY OR and give nearest town) (in this place) | CITY(If outside corporate limits, write RURAL a | nd give nearest town) | | | |
| tion | Town Hernwood Heights | Town Hemwood Heights | | | | |
| mat -ly | HOSPITAL OR INSTITUTION OR | STREET (If rural give location) | | | | |
| nforma | STREET ADDRESS 20 Sheraton Rd. | 20 Sheraton Rd. | | | | |
| in h | DECEACED. | (Last) 4. DATE (Month) (I | Ony) (Year) | | | |
| m of i | (Type or Print) LOWIS Cadwallador L | OAGTAUG DEVLH AND | 19 19 56 | | | |
| ite | Male Sex. 16. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Widowed May 5, | | mys Hours Min. | | | |
| causes | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11 BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT | | | |
| | even if retired Money counter Race Trace | Baltimore, Md. | | | | |
| Supply te the c | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | | |
| Su | William Loveland | Fannie B. Cadwallader | | | | |
| K. Su write | IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no. or unk.) (If Yes, give war or dates | 17. INFORMANT & ADDRESS: | | | | |
| INK. | No of service, 218-05-6397 A | Mrs. C. W. Rush, Sr 20 She | raton Kd. | | | |
| NG IN | 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | IDN | INTERVAL BETWEEN | | | |
| ~ | IMMEDIATE CAUSE (6) | arteriorcherotic Heart des | | | | |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | | | | |
| [rent] | (C) | | | | | |
| 3-4 | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| AINLY, Wimportant. | DISEASE OR CONDITION CAUSING DEATH. | | | | | |
| N in | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | N The state of the | 20. AUTOPSY? | | | |
| 3 | | | YES NO | | | |
| (a) (b) | 21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death of Injury street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER) | tory. 21c WHERE DID (City or town) (Count etc. INJURY DCGUR? | y) (State) | | | |
| > m | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 21F. HOW DID INJURY OCCUR? | | | | |
| | 22. I hereby certify that I attended the deceased from 3 Chy, 1948 to 19 Jan, 1956, that I last saw the deceased | | | | | |
| PE 0 age | alive on 2182c, 1956, and that death occurred at | | | | | |
| TYPE rect ag | SIGNATURE | | E SIGNED | | | |
| | | D. OLESWILL & WILL 19 ERY OR CREMATORY LOCATION (City, town, or, | (State) | | | |
| PLEASE | Burial 1/23/1956 Greenmount | | (State) | | | |
| PL | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1.11 Addruch | FUNERAL DIRECTOR OFFICE | ADDRESS | | | |
| | / / / / / / / / / / / / / / / / / / / | worth Armoost = 2600 Liberty H | Reserve and Apparent | | | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

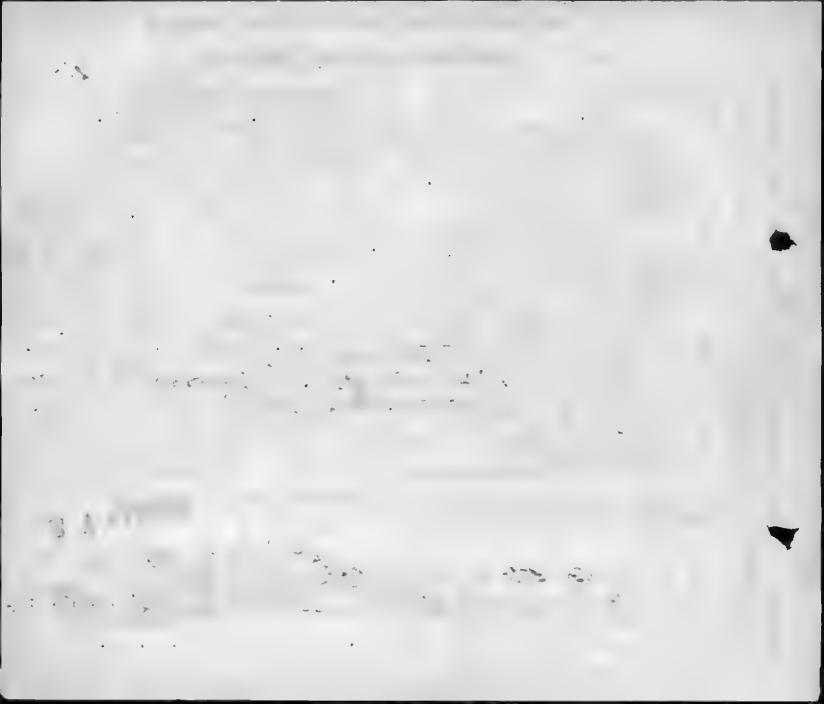
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319

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | |
|--|--|--|--|--|
| county Balto. Maryland | STATE Md. COUNTY Balto. | | | |
| CITY I'll outside corporete limits, write RURAL LENGTH OF STAY | CITY (if outside corporate limits, write RURAL and give nearest town) | | | |
| OR and give nearest town) (in this piece) TOWN TOWSON | TOWN TOWSON | | | |
| HOSPITAL OR | STREET (N rural give location) | | | |
| INSTITUTION OR | ADDRESS | | | |
| 2 Official Office and a second of the second | 20 Shesapeake Ave. | | | |
| 3. NAME OF (First) (Middle) DECEASED | (Last) 4. DATE (Month) (Dey) (Year) | | | |
| (Type or Print) USHUA LYD | | | | |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, | F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. | | | |
| mala white (Specify) married N.C. & | 2, 1875 80 yrs. Months Days Hours M.n. | | | |
| | | | | |
| done during most of working life, even if OR INDUSTRY | COUNTRY? | | | |
| | Md. | | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | |
| William R.Lynch | Sarah E. Grace | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 1 47 DEPORTURE O LOGICAL | | | |
| (Yes, no, or unk.) (If Yes, give wer or dates of service) | Towson, Md. | | | |
| 10 219-03-0716 | Mrs. M. G. Lynch-20 W. Chesaucake Ave. | | | |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION INTERVAL BETWEEN ONSET AND DEATH | | | |
| IMMEDIATE CAUSE (A) 124416316 | 30 +1 30000 1 1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | | | |
| | The state of the s | | | |
| ANTICCLUCIAL CAUSCISI | nalitable neil Luia | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) (B) (GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO | | | | |
| STATING UNDERLYING CAUSE LAST. | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | | |
| | YES NO 12 | | | |
| 216. ACCIDENT WAS UNDERLYING 21b. PLACE [Home, farm, fectory, OF INJURY street, office bidg., etc.] [If EITHER, NOTIFY MEDICAL EXAMINER] | Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State) | | | |
| | M. HOW DID INJURY OCCUR? | | | |
| M. of work at work | ٨ | | | |
| 22 I have be a self-that I would the law of the | 125 JUM 2 1-1 | | | |
| 22. I hereby certify that I attended the deceased from | | | | |
| alive on the death occurred af | M, from the causes and on the date stated above. | | | |
| Marie | ADDRESS, (Sireet, city, town, fists) DATE SIGNED | | | |
| VY CILLEY YVIYUVVIYURII M.D. 7 | 1116111111 140013 -36 | | | |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (| CREMATORY LOCATION (City, town, or county) (State) | | | |
| Burial 1/7/55 Caklawn Cem | Balto Co Md | | | |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. SUNERAL DIRECTOR'S SIGNATURE ADDRESS: | | | |
| mille 1 100 Malel G | Was Indialand A Some Kent in | | | |
| DATE Jan. 6, 1956 / label Gray, | I Child - William I source - Defer | | | |



MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMORE 19

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| Re | W | W | L) | IJ | d |

| | | Did Vraratifica | | | | 10 |
|---------|-------|-----------------|-------|-------------|----|-------|
| TEDICAL | TEXAM | INER'S | CERTH | अपर्देश हैं | OF | DEATH |

| ect. | MARYLAND STATE DEPARTMENT OF | HEALTH—BALTIMORE, 18 | Reg. Ones |
|------------------------------|--|---|-------------------------------------|
| OLL | MEDICAL EXAMINER'S CER | TIFICATE OF DEATH | No. 1 |
| 9 | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| Th. | COUNTY Balto MARYLAND | STATE WE COUNTY GALL | 14 |
| carefully. and legibl | CITY (If outside corporate limits, write RURAL OR and give marest town) TOWN (in this place) | OR COLLEGE HUBBLE | give nearest town) |
| | HOSPITAL OR 1743 8 don den or INSTITUTION OR STREET ADDRESSINGENA Maur | ADDIVES ADDIVES ADDIVES ADDIVES MICH | mary |
| information leath clearly | 3. NAME OF DECEASED: (Type or Print) Wellie do Lynn | | 3 19 56 |
| infordeath | RACE: WIDOWED, DIVORCED, Coo | 2-13 18 12183 A77 yrs. | iya Hours Min. |
| of | 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | OR 11. BIRTHPLACE (State or foreign country): 12. | COUNTRY! |
| ery | 13. FATHER'S NAME: Marsen of Allenham | 14. MOTHER'S MAIDEN NAME: | |
| Part (| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY No.: (If Yes, no, or unk.) (If Yes, give war or dates of service) | male weller | pla |
| Suple writ | 18. MEDIC L. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | CAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| G INK. | Immediate cause (a) Marte Ca | clear factures | |
| UNFADING Physicians: | Antecedent cause(s) Diseases or conditions, if any, (b) Cardin 1 | ascula disease | |
| A.D. | giving rise to the above cause DUE TO | (, + | |
| YSI | stating underlying cause last (c) | Devility | <u>}</u> |
| | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | <i>J</i> | |
| WITH ortant. | 19s. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? |
| _ + <u>₽</u> - | 21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc | y, 21c. (City or town) (County) | (State) |
| PLAINLY pecially im | 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. | 21f. HOW DID INJURY OCCUR? | |
| _ | 22. I hereby certify that I took charge of the remains descri | | |
| WRITE ge is es | find that death resulted from: Natural causes Acci | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | mined cause []. |
| age | 23. BURIAL, CREMATION, VATE THEREOF NAME OF CEMETE | M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION_City, town, or_po | und) (State) |
| ASE | Blowde (Specify): 1-16-56 Paraly les | can Palt | led |
| PLE | REG. BY LOCAL REGISTRAR'S SIGNATURY | 24. FUNERAL DIRECTOR | ADDRESS. |

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

Jehn Bourling h Juli Belling



ATTENDING Pr.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH 322

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|---|---|---|---|---|
| | | | | |

| | > 000 | | | Re | g. Dist. No |
|--------|--|--|---------------------------------|----------------------------------|-----------------------------------|
| | 1. PLACE OF DEATH | The state of the s | 2. USUAL RESIDEN | CE (HOME) OF DE | CEASED |
| | county Baltimore | MARYLAND | STATE Md. | COUNTY T | Balte. |
| | CITY (If autside corporela limits, write RURAL OR end give nearest town) | LENGTH OF STAY (in this place) | CITY (If outside corpora | ate limits, write RURAL en | d give necrest town) |
| | TOWN Ruxten | 9 Wks. | TOWN Balto | | 4 |
| | HOSPITAL OR INSTITUTION OR SOPENSON NU | | STREET ADDRESS | (If rural give | location) |
| | STREET ADDRESS 7912 Ruxton | Dr. Ruxton Md. | 4231 | Flowerten | Rd |
| - | 3. NAME OF (First) | (Middla) | (i.ast) | 4. DATE (Mont | |
| -1 | (Type or Print) Jeseph | J. Male | mev | OF DEATH Te | m. 9. 19 56 |
| ı | 5. SEX 6. COLOR OR 7. SINGLE, A | MARRIED, B. DATE OF | | . AGE last birthday | IF UNDER 1 YEAR JIF UNDER 24 HRS. |
| ı | RACE WIDOWEI (Specify) | D. DIVORCED. Widower Jun. 8 | 1.1883 | 72 yr. | Months Days Hours Min. |
| - [| 10a, USUAL OCCUPATION (Give kind of work 10b | b. KIND OF BUSINESS | 11. BIRTHPLACE (Stela or foreig | | 1 12. CITIZEN OF WHAT |
| 7 | dona during most of working life, even if retired) Retired | or industry | _ | | COUNTRY? |
| 1 | 13. FATHER'S NAME | ter postarer | 14. MOTHER'S MAIDEN N | IAME | U.S.A. |
| | John Malone | T | Bridgit | 1 | |
| 1 | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT & AI | DDRESS | |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) | 220-03-6120 | Mrs Bertns | R. Edelar | ,4231 Flowerter |
| | | | | | |
| | and the second s | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | 4.4/X IMMEDIATE CAUSE (A) | .Goodraibre | Suronio with | I. Luro | |
| 1 | ANTECEDENT CAUSE(S) DUE TO | Mosardi | | | |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | - 2 1/ 0 0 m3 (m2 (m 1/2) | CLOT PTO PET | | the year of the |
| П | STATING UNDERETING CAUSE EAST. (C) | no ortension | arcorial . | Limitat | 1 24 C M. |
| | TO THE DEATH BUT NOT RELATED TO THE | | | | |
| | DISEASE OR CONDITION CAUSING DEATH. | arteriosclero | sis general | | IU _/es |
| ` | 19a. DATE OF OPERATION 19b. MAJOR FINDI | INGS OF OPERATION | o diffin | | 20. AUTOPSY? |
| | 21m. ACCIDENT WAS UNDERLYING 21b. PLACE | (Home, farm, factory, 2 | c. WHERE DID INJURY OCCUR | 7 (City or Iown) | (County) (State) |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY ST | treet, office bidg., atc.) | no injury | | (2000) |
| | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21a. INJURY OCCURRED 2 | II. HOW DID INJURY OCCUR | | |
| - [| no injury M. | at work el work | no injury | | |
| - 1 | 22. I hereby certify that I attended the | deceased from QQ t 27. | , 19, to J | و ي ي ي ي ي | ., that I last saw the deceased |
| - | ر با في في الله الله الله الله الله الله الله الل | and that death occurred at., | M, from the ca | uses and on the da | ate stated above. |
| 8 | DISNATURE | | ADDR | ESS (Streat, city, town, | stela) DATE SIGNED |
| 5 | Varren Traham mo | III. D. | à varibade el | LOCATION (City, town, | Joh W. L. J |
| ပ္က | 23 BURIAL, CREMATION, DATE THEREOF | NAME OF CEMETERY OR O | | | |
| ₹ | Buriel Jan.12/ | 56 NewCathedr | al Cemtery | | |
| \ \ | 24. REC'D BY REGISTRAR'S SIGNA | ATURE | 25. FUNERAL DIRECTOR'S S | IGNATURE | ADDRESS AUE, |
| | DATE 1/13/00 That | le . Thay to | Marry H.1 | uspe4/ | OI EDMONDSON |

Cortificate has been executed death certificate assembly shoul

After

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00310

323 CERTIFICATE OF DEATH

Reg. Dist. No..... I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED - ti ore COUNTY ATT . 1 117 MARYLAND STATE CITY (if outside corporate limits, write RURAL LENGTH OF STAY (If outside corporete limits, write RURAL and give negrast town) OR and give nagrest town! (in this place) TOWN In bomoville TOWN Juniorelan HOSPITAL OR STREET (Il rural give location) INSTITUTION OR ADDRESS 1600 Idlewilde Ave. STREET ADDRESS 3. NAME OF Middle (Last) 4. DATE (Month) DECEASED (Type or Print) Fighon Mason DEATH Jan. COLOR OR SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE fast birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. (Specify and ad ad 10b. KIND OF BUSINESS 11. B.RTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? reilrad] Houselinerer d. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sanford F. Fisher Florence Killer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give war or datas of service) Mrs. P. M. Feters 1000 Iflewildo 18. MEDICAL CERTIFICATION INTERVAL BETWEEN L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH " IMMEDIATE CAUSE CHRONIC. veers CEREBRAL HEMORRHAGE. DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO ARTERIOSCLEROSIS...... vears II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO T 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, farm, lectory, OF INJURY street, office bldg., atc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Not while at work at work 22. I hereby certify that I attended the deceased from....JULY, 26, 19.54, to...Jan, 18..., 19.56..., that I last saw the deceased alive on JAN,, and that death occurred at 10:08, from the causes and on the date stated above. SIGNATURE / ADDRESS (Street, city, town, stete) Catonsville Md . Jan.20.1956 BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) REMOVAL (SPECIFY) 3 3 7 2 7 3 Lorraine Park REC'D'BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE



ADDRESS

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. Hten 8. Filmo193 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY Baltimore Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) 2 TOWN Catonsville (in this place) Catonsville TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location) ADDRESS 61 Winters Lane Winters Lane 3. NAME OF (Last) (Month) (Day) (Year) DECEASED Jan. 1956 LL. Matthews (Type or Print) ouise 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) Married 6. COLOR OR RACE 8. DATE OF BURPH 9. AGE last birthday If under i year [If under 24 hrs Months ! Days | Hours | Min. Female Colored 19b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
HOUSEWITE

13. FATHER'S NAME INDUSTRY Country Virginia 14. MOTHER'S MAIDEN NAME Jefferson Berbour Alice Step 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ABNED FORCES? | 16. SOCIAL SECURITY NO. 61 (Yes, no, or unknown) | (If yes, give war or dates of Mr. Raymond Matthews service) Winters 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONBET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NOW No I Yes 🗍 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) (STATE) SUICIDE office bidg., etc.) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR! While at Not While INJURY Work At work 1955, to Jaw ... 1954, that I last saw the deceased 22. I hereby certify that I attended the deceased from. 73. 6 alive on // Jan P... m., from the causes and on the date stated above. 19.5 and that death occurred at...... (Degree or title) DATE SIGNED SIGNATURE 23. BURIAL, CREMATION REMOVAL (Specify) BUILAI LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) Catonsville 1-15-56 Western Star Cem Md

of information carefully. death dearly and legibly.

ly every item the causes of o

Supply write

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PLAINLY, WITH s especially importan

WRITE

PLEASE

DATE REC'D BY LOCAL

REG:

REGISTERAR'S SIGNATURE



RETRUCTIONS

CLAN

325

CERTIFICATE OF DEATH

Reg. Dist. No.

| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|------|--|---|
| | COUNTY 84LTO- MARYLAND | STATE 114 COUNTY PSAL 50 |
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give negrest town) (In this place) | CITY (If outside Corporete limits, write RURAL and give neerest lown) |
| | TOWN SYAK KOWS YOMT (In this place) | TOWN SPAKROWS POINT (19) |
| | HOSPITAL OR INSTITUTION OR C. 1.7 | STREET (if rural give facetion) |
| | STREET ADDRESS 6 / E 5/ | ADDRESS 6/7 F 57 |
| - 1 | 3. NAME OF (First) (Middle) | (Lest) 4. DATE (Month) (Day) (Year) |
| | (Type or Print) JOHN ANDREW ME | 1-AD DEN DEATH /- 20- 19 3% |
| ı | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF | |
| | MI SACE WIDOWED DIVORCED, (Specify) ARRIED JULY | 29,1869 860 yrs. Months Days Hours Min. |
| | 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT |
| | retired PARE HINIST STEEL MEGRI | PENNA. OSTA |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | Wim MEFADPEN | ISABELLA (?) |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
| | (Yes, pt), squnk.) (If Yes, give wer or dates of service) 214-10-0046 | MARY MCH. MICFHODEN - SAME |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| | IMMEDIATE CAUSE (A) Coretrol France | noticel 5km. |
| | ANTECEDENT CAUSE(S) DUE TO | , |
| | DISEASES OR CONDITIONS, IF ANY. (8) | - 57 LD 15 12 15 L |
| | GIVING RISE TO THE ABOVE CAUSE DUE TO | |
| | [9 | |
| | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, | |
| | 198. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION | 20. AUTOPSY V |
| | 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, | ic. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| i | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | |
| | 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Part Not white Part N | H. HOW DID INJURY OCCUR? |
| | M. et work at work | |
| | 22. I hereby certify that I attended the deceased from the | 19 Ce, to Let Co, 19 Co, that I last saw the deceased |
| | alive on Aprile L. L., 19 | Y.M., from the causes and on the date stated above. |
| 10M | SIGNATURE | ADDRESS-(Street, city, town, state) DATE SIGNED |
| 5. | st, beden | 20 1) to 1000 to |
| 1.55 | 23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF | CREMATORY LOCATION (City, lown, or county) (State) |
| ATSC | BURIAL 1/23/56 CATHEON | AL KALTO MC. |
| VS / | 24. REC'D BY REGISTRAR BAGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
| | DATE 1/23/56 10 GUISON & Faster 1 | (1) Broke Bearles, Dealed Mills |
| | MILLIAND A MANUAL IN TOWN Y | 10. Land House / Mound What |

FEET A RE

UZAIZO NO

| 326 CERTIFICATI | E OF DEATH Reg. Dist | . No. | | |
|--|---|-----------------------------|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: | | |
| COUNTY Baltimore MARYLAND | STATE Maryland COUNTY | | | |
| CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | | and give nearest town | | |
| OR and give nearest town) (in this place) TOWN Catcheville 18yrs, 1mth, 2 | OR Baltimore City | 00.72.1 | | |
| HOSPITAL OR | STREET (If rural give location) | | | |
| INSTITUTION OR Spring Grove State Hosp. | ADDRESS 531 W. 27th St Be | alto. Md. | | |
| S. NAME OF (First) (Middle) DECEASED: (Type or Print) Anna (12) Bell McJ: | (Last) 4. DATE (Month) (OF DEATH: Jan. 26 | Day) (Year) 19 56 | | |
| | OF BIRTH: 9. AGE last birthday Ir under | | | |
| RACE: WIDOWED, DIVORCED, | known 83 yrs Months I | | | |
| 10A USUAL OCCUPATION (Give kind of or IOB. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): 12. | COUNTRY | | |
| even if retired): None | Maryland | U. S. A. | | |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | | | |
| unknewn | unknown | | | |
| 15. WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY ND. | 17. INFORMANT & ADDRESS: | | | |
| (Yes, no, or unk.) (If Yes, give war or dates unknown of service) unknown | Records Spring Grove State Hos | spital | | |
| , 18. MEDICAL CERTIFICA | TION | INTERVAL BETWEE | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEAT | | |
| 400011 P13-100-7 | miletonia | | | |
| IMMEDIATE CAUSE (A) | pleural effusion | weeks | | |
| ANTECEDENT CAUSE (8) | | | | |
| | lerotic cardiovascular disease | years | | |
| STATING UNDERLYING CAUSE LAST. | | | | |
| | ed arteriosclerosis | years | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | | |
| ALL DATE OF OPERATION: 138. MAJOR FINDINGS OF OPERATIO | | 20. AUTOPSY? | | |
| 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing Cause of Death Of Injury street, office bidg. (IF EITHER, NOTIFY MEDICAL EXAMINER) | ctory, 21c. WHERE DID (City or town) (Coun | ty) (State) | | |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work | D 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from .Jul. | y ., 1953, to Jan. 26, 1956, that I last | saw the decease | | |
| alive onJan., 26, 1956, and that death occurred at | alive onJan. 26, 1956, and that death occurred at 12:150M, from the causes and on the date stated above SIGNATURE | | | |
| 1000 | SPRING GROVE STATE BOSPITAL | 1 - 1 1 | | |
| 23. BURIAL, CREMATION, DATE THEREOF / NAME OF CEMET | TERY OR CREMATORY LOCATION City, town o | 1-26-56 r county) (State | | |
| REMOVAL (SPECIFY) | Myunh - Burslein | 24761 | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS | | |

MARGIN RESERVED FOR BINDIN

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15-10-53



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00314

327

CERTIFICATE OF DEATH

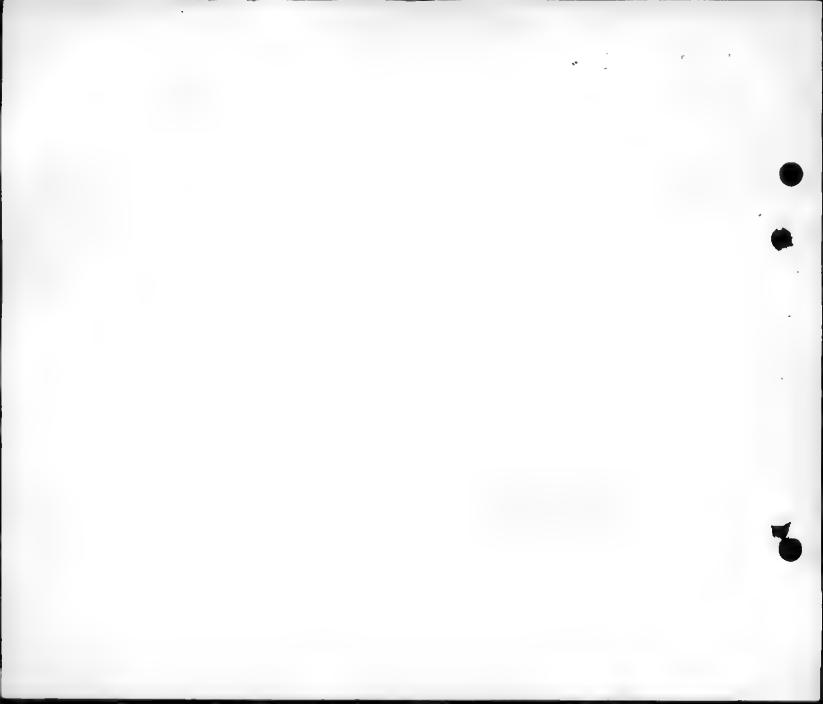
Reg. Dist. No. 3

| 1. PLACE OF DEATH | | 2. USUAL RESIDI | ENCE (HOME) OF DECEAS | SED |
|---|--|-----------------------------|-------------------------------------|----------------------------------|
| county Baltimore | MARYLAND | STATE N Y | COUNTY | |
| CTY (If outside corporeta limits, write RURAL OR and give nearest town) | LENGTH OF STAY (In this place) | CITY (If outside cor | porate limits, write RURAL and give | nearest town) |
| y town Timonium Md. | (in ins place) | TOWN VOD | kers N. Y. | |
| HOSPITAL OR | | STREET | (Il rural give location | on) |
| INSTITUTION OR STREET ADDRESS VONIC RO IN | * | ADDRESS | | J |
| 3. NAME OF (first) | imonium Md. | (Lest) | Seymour St. | Y |
| DECEASED | (widale) | (Lest) | 4. DATE (Month) | (Doy) (Year) |
| (Type or Print) Annie | | Millan | DEATH] | 31 19 56 |
| 5. SEX 6. COLOR OR 7. SING | GLE, MARRIED, 8. DA | ATE OF BIRTH | | DER 1 YEAR IF UNDER 24 HR |
| Female White With | | 2-15-1878 | 77 yrs. Month | s Days Hours Min. |
| iDe. USUAL OCCUPATION (Give kind of work done during most of working life, even il | 10b. KIND OF BUSINESS | 11. BIRTHPLACE (State or lo | reign country) | 12. CITIZEN OF WHAT |
| Housewife | OR INDUSTRY | Edenborough | h Scotland | U. S. A. |
| 13. FATHER'S NAME | | 1 14. MOTHER'S MAIDE | | U. D. R. |
| miles and the second second | | D77 | O 0 | |
| John Docherty 15. WAS DECEASED EVER IN U. S. ARMED FORCE | S? 16, SOCIAL SECURITY NO | | Cordana | |
| (Yas, no, or unk.) (If Yas, give wer or detes of serv | | | | |
| No None | | Annie T | . Mc Millan | Same |
| I DISEASES OR CONDITIONS DIRECTLY LEADING | | CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| 11. · V | CARCINOMA | OF CULOI | 1/ | 1 400 |
| IMMEDIATE CAUSE (A) | CHACINDINI | 01 20001 | | 0 / 1 3. |
| ANTECEDENT CAUSE(S) DUE TO | | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) | | | | |
| STATING UNDERLYING CAUSE LAST. DUE TO | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | |
| TO THE DEATH BUT NOT RELATED TO THE | RTFAIUSCLEROT | TO CARDIOVASC | WLAR DISTASI | = |
| | FINDINGS OF OPERATION | | | 2D. AUTOPSY? |
| | | | | YES NO |
| | ACE (Home, larm, lactory, IRY street, office bldg., etc.) | 21c. WHERE DID INJURY OCC | CUR? (City or town) (C | ounty) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (H | our) 21e. INJURY OCCURRED While Not while at work | 211, HOW DID INJURY OCC | CUR ? | |
| 22. I hereby certify that I attended | | DT 1062 | TAN | |
| | | | | |
| alive on J MV. 31, 1936 | , and that death occurre | | | |
| BIGNATURE | 7 0 | AD. | DRESS (Street, city, lown, stele) | |
| William RT | Mestry M.D. | / | mornin | 2-1-56 |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL (SPECIFY) REMOVAL (SPECIFY) Removal 2-1-56 | | OK CREMATORY | LOCATION (City, town, or cou | unty) (Stole) N • Y . |
| DULTAL | TIDE HODE | Cemetery | Hastings on | the Hudson |
| 24. REC'D BY REGISTRAR REGISTRAR'S | SIGNATURE | 25. SUNERAL DIRECTORS | Hastings on | ADDRESS |
| DATE EB 1 1956 Un | na Mac Rees | Henry W. | Jenkins and S | ons Co. |
| - I J J J J | The Strategies of Name A | 11905 7070 | THOUGH BRITING | ore I/ Md. |

BUREAU V. S.

| correct | t 207 CERTIFICATE OF DEATH Reg. Dist. | No | | | | |
|---|--|-------------------------------------|--|--|--|--|
| ව භ | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | | | |
| y. The | COUNTY Baltimore MARYLAND STATE Md. COUNTY Baltin | | | | | |
| n carefully. T | OR and give must solve (in this place) OR and give must solve (in this place) OR Lansdowne HOSPITAL OR OR Lansdowne STREET (If outside corporate limits, write RURAL and OR Lansdowne STREET (If rural, give location) | 51 | | | | |
| ion cally and | INSTITUTION OR STREET ADDRESS 117 3 rd Ave | | | | | |
| clear | S. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day OF Jan 10, | 1956, | | | | |
| of information death clearly | male white (Specify): mailied Sept. II, 1000 | Days Hours Min. | | | | |
| tem o | 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): work done during most of working life, even if retired) Eleark No. usual occupation (Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): Baltimore Baltimo | 2. CITIZEN OF WHAT COUNTRY? | | | | |
| ing. | IS. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: | | | | | |
| ver Co | James A. Miller Emma Gilster | | | | | |
| Sapply every item write the causas of | 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yee, no, or unk, W (If Yes, give war or dates of yes service) world war 1 213-10-5700 Velma L. Miller 117 Third Ave. | | | | | |
| S | 18. MEDICAL CERTIFICATION | | | | | |
| | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH | | | | |
| INK. | 443x Herbertensine Parolio Vascular Disease | 5425 | | | | |
| ى تى | Immediate cause (a) DUE TO | | | | | |
| NI) | Antecedent cause(s) | 7435 | | | | |
| UNFADING Physicians: p | Diseases or conditions, if any, giving rise to the above cause DUE TO | a papagatanininan | | | | |
| E S | stating underlying cause last | | | | | |
| Int. P | (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| ortin | 19a, DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? | | | | |
| - GI | | Yes No 🗷 | | | | |
| INLY ally in | 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) INJURY | | | | | |
| TE PLAINLY, WITH is especially important. | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. Work At work | | | | | |
| S e | 22. I hereby certify that I attended the deceased from Oct, 195/, to | | | | | |
| WRITE age is e | alive on Na. K. 28., 1955, and that death occurred at 2.15 m., from the causes and on the date | | | | | |
| | SIGNATURE (DEGREE OR TITLE) ADDRESS (Delto-30 his | DATE SIGNED | | | | |
| PLEASE | 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY BELLIMOTE, Md. Baltimore Hutional | | | | | |
| L | REG. 12/56 March Howard H. Hubbard, 4107 Will | cens Ave | | | | |
| | fer. | | | | | |

*MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 100315



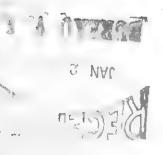
VS. A15 - 10 - 8

DATE REC'D BY LOCAL

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SIGNATUR





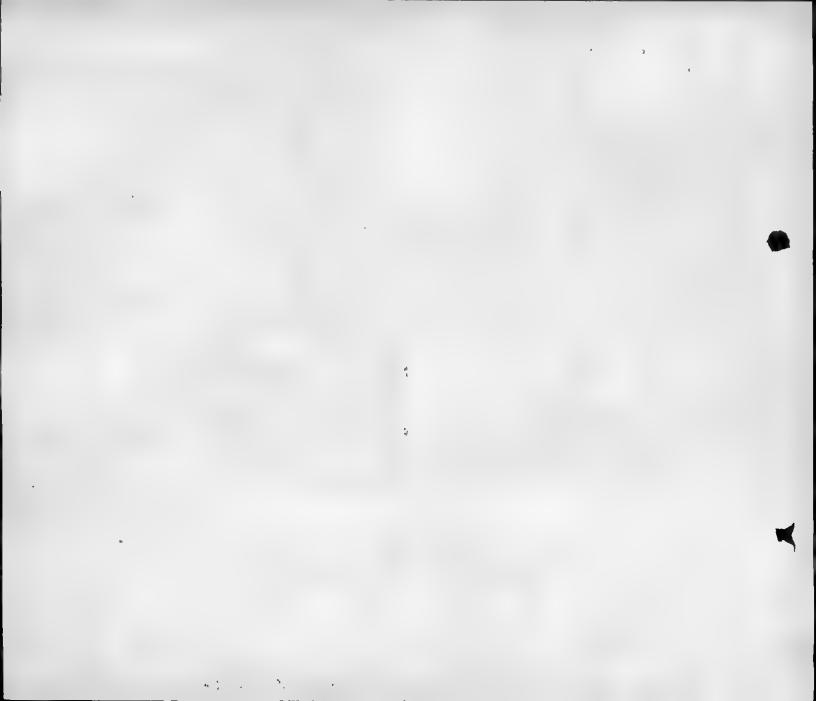
330

CERTIFICATE OF DEATH

| * | | | Reg. Dist. No | | |
|---------------|---|------------|--|--|--|
| | 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | | |
| | COUNTY BALTIMORE MARYLA | | STATE MARYLAND COUNTY BALTIMORE | | |
| | CITY (if outside corporate limits, write RURAL LENGTH OF OR and give neerest town) (in this plant) | STAY | CITY (If outside corporate timits, write RURAL and give nearest town) | | |
| | TOWN TOWSON 3 YA | 25 | TOWN DWSON | | |
| | HOSPITAL OR INSTITUTION OR II DULLIA OF P | | ADDRESS // (If rural give location) | | |
| | STREET ADDRESS 40 DUNKIRK ND. | | 1 40 DUNKIEK KD-12 | | |
| | 3. NAME OF (First) (Middle) ECEASED (Type or Print) JAMES HENRY | MIT | (Lest) 4. DATE (Month) (Day) (Yest) OF DEATH / 3 / 19 5 6 | | |
| | S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAPPIFED | B. DATE OF | OF BIRTH 9. AGE last birthday 15 UNDER 1 YEAR 16 UNDER 24 HRS. Months Days Hours Min. | | |
| | 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OR INDUSTRY | 2011 | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: COU | | |
| | 13. FATHER'S NAME | CHY | 14. MOTHER'S MAIDEN NAME | | |
| | JAMES H. MITCHELL. | | EMMA KNAUSS | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR | ITY NO. | 17. INFORMANT & ADDRESS T 40 DUNKIRK | | |
| | no 2/3-12 | -168 | SI JAMES H. MITCHELL JE RI | | |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | CAL OFR | INTERVAL RETWEEN ONSET AND DEATH | | |
| | 331X IMMEDIATE CAUSE (A) | Elro | al Karmonhage Then | | |
| | ANTECEDENT CAUSE(S) DUE TO | | 0 | | |
| | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO | | /) | | |
| | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | |
| A15C 1-55 10M | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | isch | was En leffelineer | | |
| | 198. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES NO DA | | |
| | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | 2 | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | | |
| | 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCUR While Note at work at work at yer | efri(e - | 21. HOW DID INJURY OCCUR? | | |
| | 22. I hereby certify that I attended the deceased from | | | | |
| | elive on | Courred at | ADDRESS (Strovi, city, town, stele) DATE SIGNED | | |
| | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CLERKY 2-3-56 LOPTE | AINS | | | |
| 2 | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | | 26 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | |
| | Ent D 1 some Malel Man | 2 | Wyl Venden Horale 4405 VaRe MI | | |

PECENVIA V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00319 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland county Baltimore
CITY(If outside corporate limits, write RURAL and give nearest town) COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) information TOWN Raspeburg Town Raspeburg HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** 1227 64th Street STREET ADDRESS 2 (Middle) 3. NAME OF (Last) 4. DATE (Month) (Day) DECEASED BRUNO MOLL (Type or Print) DEATH Jan. item 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEA WIDOWED, DIVORCED, Davs (Specify): married Jan. 26, 1893 IOA USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS 11 BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. even if retired): Clerk - Adv. OR INDUSTRY: COUNTRY? News-Post Denmark Supply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: --- Moll 17. INFORMANT & ADDRESS: Raspeburg IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Arval Stancliff, 1227 64th Street of service) 18. MEDICAL CERTIFICATION DIN 70 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Acute myocardial tailure Physicians: IMMEDIATE CAUSE ANTECEDENT CAUSE (8) - urinary bladder DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Stomach. arcinoma ot 6 mos II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH PLAIN 19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 and Stomach Carcinoma of bladder 21A. ACCIDENT WAS UNDERLYING [] 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (1F EITHER, NOTIFY MEDICAL EXAMINER) TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F HOW DID INJURY OCCUR? Not while OF INJURY at work L at work 100 召 22. I hereby certify that I attended the deceased from Octive, 1913, to 121: 16, 1917, that I last saw the deceased 0 TYPE . 19 . and that death occurred at M, from the causes and on the date stated above. 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Loudon Park Cemetery Baltimore, Maryland burial DATE REC'D BY LOCAL FUNERAL DIRECTOR 1217 St. Paul 3t.



DATE REC'D BY LOCAL

MARVIAND STATE DEPARTMENT OF HEALTH BALTIMODE

| MARIDAND STATE DELARTME. | of MEALTH—BALTIMORE, 18° | 700 |
|---|--|----------------------|
| CERTIFICAT | E OF DEATH Reg. Dist. | No. 38 |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED |): |
| county Baltimore MARYLAND | STATE Maryland COUNTY | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give nearest town) (in this place) | Y CITYIIf outside corporate limits, write RURAL a | nd give nearest town |
| OR and give nearest town) (in this place) Y TOWN RUXTON | TOWN Baltimore | Va1-4 |
| , HOSPITAL OR SOTTENSON Nursing Home | STREET (If rurai give location) | |
| STREET ADDRESS 7912 Ruxway Road | ADDRESS 219 8. Spring Cou | rt |
| 3. NAME OF (First) (Middle) DECEASED: TOTAL | 05 | (Year) |
| (Type or Print) UHN | MOURE DEATH Jan. | 8, 19 56 |
| male white (Specify): married Marc | eh 21, 1901 9. AGE last birthday if UNDER VER DE Months D | Hours Min. |
| 10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY; | 11. BIRTHPLACE (State or foreign country); 12. | CITIZEN OF WHAT |
| even if retired): Box Maker Assu Canning Co | Newark, New Jersey U | S.A. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Joseph Moore | Mary | |
| 15. WAR DECEASED EVER IN U.S ARMED FORCES? 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS; | CE. |
| (Yes, no, or unk.) (If Yes, give war or dates of service) ——— | Mrs. Florence Moore, 219 | S. Spring |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (A) | dina chemic . iv. Praute | ONSET AND BEATH |
| ANTECEDENT CAUSE (S' | The state of the s | pan. |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | all officity | i. yours |
| | al accident old. | unknown |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH | confusion | Margara and |
| 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATI | ON | 20. AUTOPSY7 |
| none no operation | | YES NO. |
| 21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, from CONTRIBUTING CAUSE OF DEATH OF INJURY street, office blds (IF EITHER, NOTIFY MEDICAL EXAMINER) | | y) (State) |
| OF INJURY M. St work at work | 21F. HOW DID INJURY OCCUR? | Þ |
| 22. I hereby certify that I attended the deceased from 180 | | saw the deceased |
| alive on 11 5 , 19 56, and that death occurred a | it I M. from the causes and on the date : | |
| 28. BURIAL CREMATION, DATE THEREOF NAME OF CEME | M. D. TERY OR CREMATORY LOCATION (City, town, or | <u> </u> |
| \ /REMOVAL (6PECIFY) | - l | county) (State) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |

1217

St. Paul



BUREAU V. S.

3261 23 NAi

RECEIVED

| Y | | 1 355 | 00322 |
|----------|--------------------|--|-----------------------|
| 1 | 12 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 18 Film G193 2-23-56 ams | (1000 |
| -1 | EX | CERTIFICATE OF DEATH Reg. Dist | . No. |
| | carefully. | 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| #. | careful legibly | COUNTY BALTIMORE MARYLAND STATE MARYLAND COUNTY CALVE | RT |
| | le 🖺 | CITY (If outside corporate limits, write RURAL LENGTH OF STAY) CITY(If outside corporate limits, write RURAL) | |
| | zion and | OR and sive, nearest town) (in this place) OR | <i>*</i> |
| | ati a | HOSPITAL OR STREET (If rural give location) | |
| 3 | information | STREET ADDRESSVETERANS ADMINISTRATION HOSPITAL ADDRESS CHINGS, MARYLAND | 4 |
| | in h c | | Day) (Year) |
| | m of i | (Type or Print) GEORGE B. MORSELL DEATH January | 14, 1956 |
| | item of de | 5. SEX 6 COLOR OR 7 SINGLE, MARRIED, 8 DATE OF BIRTH. 9. AGE last birthday 17 UNDER | YEAR IF UNDER 24 HRS. |
| | | MALE COLORED (Specify): MARRIED JULY 20, 1913 42 yrs Months I | Days Hours Min. |
| | causes | 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11, BIRTHPLACE (State or foreign country): 12. OR INDUSTRY: | CITIZEN OF WHAT |
| 18 2 | | even if retired): FARMER TOBACCO FARM MT. HARMONY, MARYLAND | U.S.A. |
| BINDIN | Supply te the c | 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: | 0.004% |
| • 2 | up th | HENRY MORSELL IDA HAIL | |
| | K. Su write | 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY ND. 17. INFORMANT & ADDRESS. | |
| FOR | | (Yes. no. or unity of service) www.ll 217-28-1829 VET.ADM.HOSP., FT.HOWARD, MD. (| CLIN.REC.) |
| | | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN |
| RESERVED | ADING s: ples | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| 띮 | AI. | IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE TERT | 3 MONTHS |
| SS | UNFAI sicians: | ANTECEDENT CAUSE (8) | UNKNOWN |
| | D is | DISEASES OR CONDITIONS, IF ANY. (B) GLICKA OF THE PONS WITH EXTENSION INTO | |
| Z | TH | STATING UNDERLYING CAUSE LAST THE LEFT CEREBRAL HELISPHERE | UNKINOWN |
| RG | and; | (C) | |
| MARGIN | ~ #F | IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | i |
| et i | AINLY, Wimportant. | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| | NI di | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSYT |
| | 4 1 | | YES X NO |
| | | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? | ty) (State) |
| | WRITE | 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while | |
| | H is | M. at work at work | |
| | O 0 | 22 I hereby certify that Aattended the deceased from Dec. 13 , 1955, to JAN. 14 , 1956, xharmon as | DISCOUNTED CONTROL |
| 53 | (A) #2 | The Company of that death occurred at 11:40 MM, from the causes and on the date | stated above. |
| 10 - | TYPE rect a | ADDRESS VALUE VALUE NATIONAL MADE NATIONAL M | TE SIGNED |
| 1 | SE TYI | D. D. MARK M.D. VAH, FORT HOWARD, MARYLAND | 1-15-56 |
| rö I | | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) | |
| A1 | EA | Burial 1/18/56 Mt. Hope Cemetery Sunderland, Mar. | |
| si, | PL | REGISTRAR RECIDIBLY LOCAL REGISTRAR'S SIGNATURE CHARLES B. Law, 802-4 Madis | on Ave. Balto. |
| Releas | ed to: | to: Pinkey Sewell Funeral Home, Prince Frederick, Maryland | Md. |
| | | | |



00323

334

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | | 2. USUAL RESIDEN | ICE (HOME) OF DECE | ASED |
|--|--------------------------------------|--------------------------------|---------------------------------|----------------------------------|
| COUNTY Raltimore | MARYLAND | STATE Mary | and county | |
| CITY (If outside corporate limits, write RURAL | LENGTH OF STAY | CITY (If outside corpo | rate fimits, write RURAL and gh | ve neerest town) |
| OR and give nearest town) TOWN Ruxton | (in this place) | TOWN Balti | more | e ž |
| HOSPITAL OR SOMORON MILL | rging Home | STREET | ilf rurel give loc | etion) |
| | Still Home | ADDRESS 5813 | | |
| . 1912 RUXWAY | | | Bellona Ave | |
| 3. NAME OF Pauline | Marie Mo | (Lest) SS (ALSU | 4. DATE (Month) | (Day) ,Yeer) |
| (lype of Print)) harie | Pauline Mo | | DEATH Janu | ary 2, 1956 |
| 5. SEX 6 COLOR OR 7. SINGLE, | MARRIED, 8. DATE C | OF BIRTH | 9. AGE last birthday IF t | JNDER 1 YEAR IF UNDER 24 HR |
| | ט, טועסאכנט, | 2/1873 | 82 yrs. Mor | nths Deys Hours Min. |
| Female White 1991000 | b. KIND OF BUSINESS | 11. BIRTHPLACE (State or forei | U.C. | 12. CITIZEN OF WHAT |
| done during most of working life, even if | OR INDUSTRY | 11. BIKTH ENGE (SIBIR OF 1014) | gir country; | COUNTRY? |
| retired) Housewife | | Missouri | | U.S. |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | |
| George Schleifer | | Eva Bir | icold | |
| 5. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT & | | |
| (Yes-no, or unk.) (If Yes, give war or dates of service) | N-020 | | | 77 |
| 10 | None | Chas T. 10 | as Sury be | llong ave. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO D | 16. MEDICAL CER | RTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| 6 | males & | and I a | 18 | 1 2 1011 |
| MMEDIATE CAUSE (A) | creving hi | THE OF THE | | 1000 |
| ANTECEDENT CAUSE(S) DUE TO | 15 desiones | 6100 2 -1 | | 2 |
| DISEASES OR CONDITIONS, IF ANY, (B) | 1 word | | | |
| STATING UNDERLYING CAUSE LAST, DUE TO | Here on I | MAIN | | 12 ' |
| (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | 7 grance | 100000 | | |
| TO THE DEATH BUT NOT RELATED TO THE | 11 | | | , |
| DISEASE OR CONDITION CAUSING DEATH. | V | | | |
| 198. DATE OF OPERATION . 198. MAJOR FINE | DINGS OF OPERATION | | 1 | 20. AUTOPSY? |
| 218. ACCIDENT WAS UNDERLYING [] 216. PLACE | (Home, .farm, fectory, | 21- WASSE OID BUILDY OCCU | 22 //// | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY | rest office bidg., etc.) | 21c. WHERE DID INJURY OCCU | Cr (City or lown) | (County) (Stata) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED While Not while | 21. HOW DID INJURY, OCCU | R? | |
| // M. | et work | | A. Carrier | |
| 22. I hereby certify that I attended the | danson 42 -2: - | 5to 1-1- | 2 - 10562 | hat I last saw the decease |
| /) | | 1 / | | |
| alive on 199 | and that death occurred at | | | |
| \ // \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Ψ. ν | 7 | RESS (Streat, city, town, ste | DATE SIGNE |
| Mus of Bishy | M.D. / | en ways | m MM | 1. 1.2/ |
| 23 BURIAL, CREMATION, DATE THEREOF | NAME OF CEMETERY OR | CREMATORY | LOCATION (City, town, or | county) (State) |
| Burial 10E81/1/56 | St. Lary's | Govens | 1207+3 | * * |
| 24. REC'D BY REGISTRAR TO CEGISTRAR'S SIGN | | 25. FUNERAL DIRECTOR'S | Baltimore | ADDRESS I OCH |
| | Ly | | | 0 - II D3 |
| DATE // SUCE | ways a | n.w. Jenkir | is and Sons | Co. York Rd |

A 11". "1"

MARYLAND STATE DEPARTMENT OF HEALTH

335

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

| Th. Ct ? | integ. Dast. 110 | ************************** |
|---|--|----------------------------|
| 1. PLACE OF DEATH Sorensen Nursing Home | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| Riderwood, Md MARYLAND | STATE Maryland COUNTY | |
| CITY (If outside corporate limits, write RURAL and LENGTII OF STAY | CITY (If outside corporate limits, write RURAL and giv | a nearest town) |
| OR give nearest town) Riderwood (in this place) 1 month | TOWN Baltimore | |
| HOSPITAL OR Sorensen Mursing Home | STREET (If rural, give location) | |
| INSTITUTION OR STREET ADDRESS Riderwood Md | ADDRESS 434 E. Biddle Street | |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) Mary C, | Mullin OF Jan | 6 19 56 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | 8. DATE OF BIRTH 9. AGE last birthday Il under | l year If under 24 hrs |
| Female White WIDOWED, DIVORCED, (Specify) Single | Nov.18,1879 76 yrs. Months | Days Hours Min. |
| 10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | | CITIZEN OF WHAT |
| None | Baltimore, Ma | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Kartin J. Mullin | Catherine Heaphy | |
| 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Smourity No. (Yes, no, or unknown) (If yes, give war or dates of) | 17. INFORMANT AND ADDRESS | , |
| setvice) | Richard H. Lerch 265 Stanmore Ros | ad |
| 18. MEDICAL CER | RTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| Timmediate cause (a) Acute , sive : | 20. 2 1 1 20 20 0 | 4 |
| Transdicte cause (a) ACULO , ALYO 3 | The contract of the contract o | at a Name of the second |
| Antecedent cause(s) Discance or conditions, if may, (b) Lyocarditis Wit | in the state of th | |
| Diseases or conditions, if any, (b) | it are | main |
| stating the underlying cause last | | |
| (c) Hypertrophy myo | Cardium | L . I'm |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. AT 5011002000. | is Foner Hispa. | 10 - 22 |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| none no operation | | Yes II No'II |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, | (CITY OR TOWN) (COUNTY) | (STATE) |
| SUICIDE HOMICIDE no injury OF office bldg., etc.) | none | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCUR? | |
| OF INJURY 1.0 1113 CT m. While at Not While Work At work | 1.0116 | |
| | | |
| 22. I hereby certify that I attended the deceased from Italian | | |
| alive on 1916, 1916, and that death occurred at 5. (Degree or title) | ADDRESS | ated above. DATE SIGNED |
| James Traham monton mic | 513 We hear a proct | (m, m; 55 |
| REMOVAL (Specify) 1/9/56 RAME OF CEMETER Cathedra | RY OR CREMATORY LOCATION (City, town, or county | y) (State) |
| | al Cem. Lattimore, Md. | 4 D D D D D D D D |
| JAN 8 - 1955 | H.W. Meaust Son 805)1 (a | address st |
| Must be engy | | |
| * | | |

PLEASE WRITE PLAINLY, WITH UNFAMING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDIN

The correct age

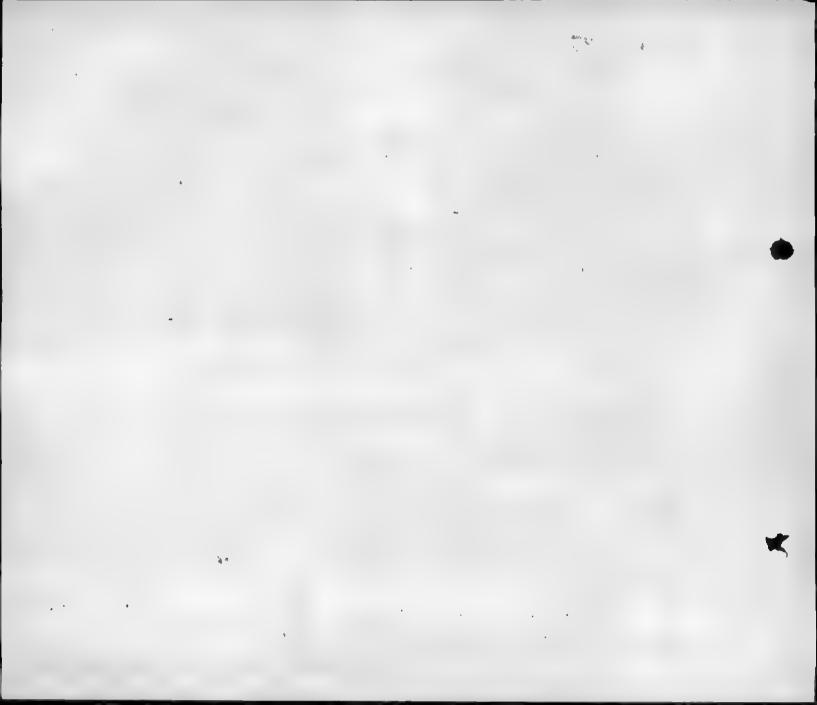
VS. A15



MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH. | 2. USUAL RESIDENCE (HOME) OF DECEASED- |
|---|--|
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) |
| TOWN COCKEUSVI//E (in 3is place) | TOWN Cockersuille |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Shawan Rd | STREET (If rural, give heatlon) ADDRESS 5 Shawan Rd |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| (Type or Print) Elizabeth MARGARET MU | IRPHY DEATH JAN 4/2 1956 |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W/ DOW | S. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hr Months Days Hours Min. |
| donoduring most of working life, even if retired) | 11. BIRTHPLACE (State or foreign country) 12. GITIZEN OF WHAT COUNTRY? |
| William VOCDUS | KATHERINE WOKE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give was or dates of gervice) service) | 17. INFORMANT AND ADDUSS Mrs. Joseph L acknown Same |
| | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a). | ONDET AND DEATH |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | nswie Cardio Varcular Girene |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY! |
| | Yes 🔲 No 🖸 |
| ZI. ACCIDENT (Specify) PLACE (Ilome, farm, factory, street, office bldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work At work | HOW DID INJURY OCCUR? |
| | 2/, 1955, to |
| 1 1 1 1 1 1 1 | |
| alive on | ADDRESS DATE SIGNED |
| 23. BURIAL, CREMATION DATE NAME OF CEMETE | |
| Bigy XI Apprily) JAN 7 1456 New Car | Thedral Balto Md |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, REG. | H MENKEND & Sono Q 4905 YOUR R |
| | |



MARGIN RESERVED FOR BINDIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00326

| 337 | CERTIFICATI | E OF DEATH | H Reg. | Dist. No. 32 |
|--|--|--------------------|--|---|
| 10A USUAL OCCUPATION (Give kind of work done during most of working life. | Middle) LE, MARRIED, WED, DIVORCED, (S) James of S - 5 | OF BIRTH: 19. A | orate limits, write RUE Crimore (If rural give location of Ballo A. DATE (Month) OFATH. GE last birthday yrs Month Te or foreign country): | ation) (Day) (Year) 29 19 56 DERIYMAN IPUNDER SEMANS |
| IS. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or date of service) I DISEASES OR CONDITIONS DIRECTI JMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. | 18. MEDICAL CERTIFICAT | | 16 | interval Between onset and Death 2 978 10 mos |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING | CONTRIBUTING | N | | 20. AUTOPSY7 YES NO MA |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | etc. INJURY OCCUR? | | County) (State) |
| 22. I hereby certify that I attended alive on | and that death occurred at | | LOCATION (City, tow | |

VS. A15 — 10 - 53

T 9974 Eliver 212) L

In attending paysician.

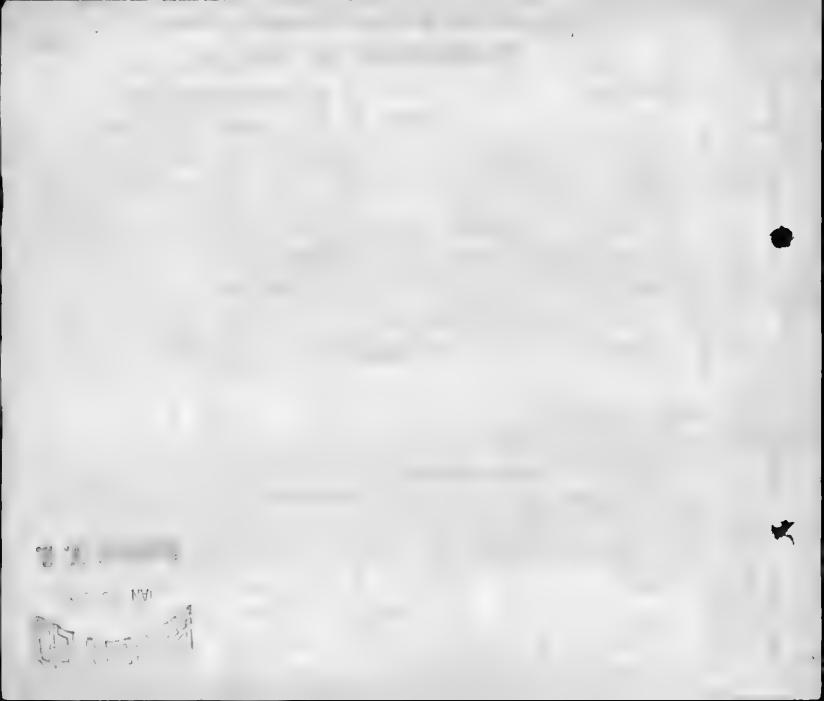
ATTENDING PHYSICIAN OR HOSPITALE
The bottom mapy may be remined by the hospital in

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

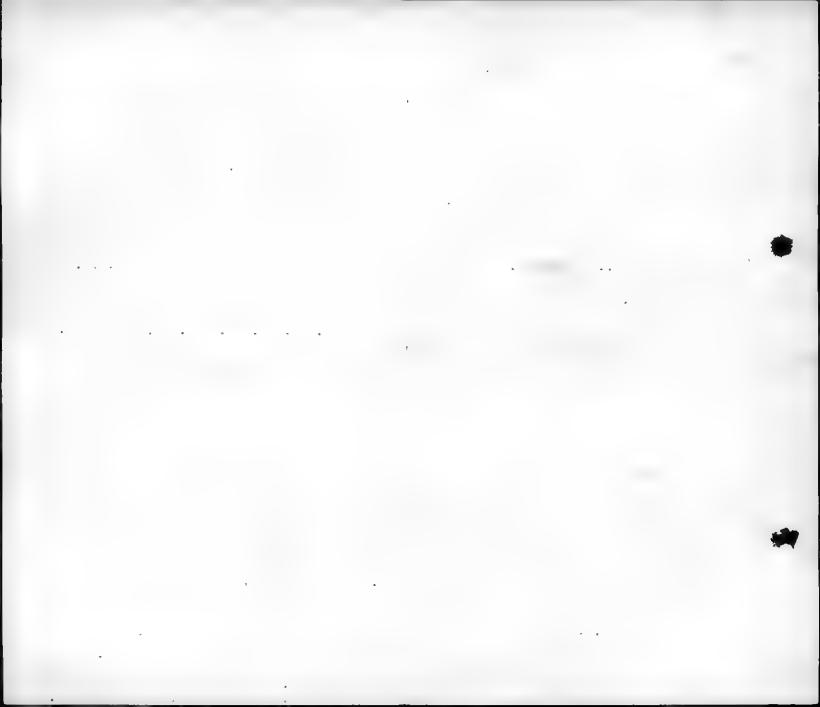
CERTIFICATE OF DEATH

| 12 | 10 | - | _ | - |
|----|----|---|---|---|
| | | - | 2 | / |

| MARYLAND STATE DEPARTMEN | |
|--|--|
| 338 CERTIFICATE | OF DEATH 00327 |
| | Reg. Dist. No. |
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
| COUNTY DALLAND CITY (II odisids corporate limits, write RURAL LENGTH OF STAY | STATE COUNTY Sulle CITY (If outside corporate fimits, write RURAL and give negrest town) |
| OR and give names tough) (in this place) | OR TOWN Woodlewn |
| HOSPITAL OR INSTITUTION OR 1932 Summit CW3 | STREET ADDRESS 1932 Security CIVE |
| (Type or Print) TOHN - EDWARD - M | (Last) 4. DATE (Month) (Day) (Yest) OF DEATH FILL 24 19 56 |
| S. SEX 6. CO.OR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Learner Marce | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT |
| 13. FATHER'S NAME | Mary-land 20, 5, 4 |
| William a Myen | May & nette |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no, or unk.] (If Yes, give) wan or dates of sarvice) | 17. INFORMANT & ADDRESS |
| (Yes, no, or unk.) (If Yes, give year or dates of dervice) | Mrs Securel Myers - Keilenbanke |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| MMEDIATE CAUSE IN Pulmonary | Edma. 48 hrs |
| ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | C.V. Despise with 2-5 pm. |
| 10 Cardiac Dec | proples satin |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES NO X |
| 21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.) [2] | 1c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| 21d TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED White Not white at work at work | 11. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from Illinoise alive on Lange 21, 1956, and that death occurred at | M. from the causes and on the date stated above. |
| SIGNATURE STATE STATE | ADDRESS (Street, city, town, state) DATE SIGNED |
| 11.0.14 | CREMATORY LOCATION (City, town, or county) (State) |
| 24. REC'S BY REGISTRAR //REGISTRAR'S SIGNATURE | 2 S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
| DATE (par. 26, 1956 Dr. Mon. E. Martin | del & Tepten. Hampstend My |



| : 339 CERTIFICAT | E OF DEATH Reg. Dis | t. No |
|--|--|----------------------------|
| . PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D: |
| county Baltimore MARYLAND | STATE Maryland COUNTY | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STA' OR and give nearest town) (in this place) | CiTY. If outside corporate limits, write RURAL | and give nearest tow |
| OR and give nearest town) TOWN Fort Howard I Day TOWN Baltimore STREET (If rural give location) ADDRESS STREET ADDRESS Veterans Administration Hospital 3. NAME OF DECEASED: (Middle) (Type or Print) TOWN Baltimore STREET (If rural give location) ADDRESS 4. DATE (Month) OF DECEASED: (Type or Print) TOWN Baltimore NEARY STREET ADDRESS ADDRESS ADDRESS STREET ADDRESS F. NEARY OF DECEASED: (Type or Print) SECOLOR OR 7. SINGLE. MARRIED. (Middle) SECOLOR OR 7. SINGLE. MARRIED. (Specify) Print (Specify) Pri | v · · | |
| INSTITUTION OR | ADDRESS | • |
| STREET ADDRESS Veterans Administration Hosp | | |
| NAME OF (First) (Middle) DECEASED: | OF | (Day) (Year) |
| (Type or Print) JAMES F. SEX: 16. COLOR OR 17. SINGLE, MARRIED, 18. DAT | NEARY DEATH: January | |
| RACE: WIDOWED, DIVORCED, | Monthal | |
| Male Thite (Specify) Married 8/ USUAL OCCUPATION (Give kind of) 10B KIND OF BUSINESS work done during most of working life. OR INDUSTRY: | 7/93 62 yrs. 11. BIRTHPLACE (State or foreign country): [12. | CITIZEN OF WHA |
| work done during most of working life. Chemical Plant | | COUNTRY? |
| Roth ed Operator Chemical Plant | Baltimore, Maryland 1 | D+D+12+ |
| James P. Neary | Margaret Muldowney | |
| WAS DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| ves. no, or with) (If Yes, give war or dates of service) UNIVET 212 11 1973 | Clin.Rec.Vet.Adm.Hosp.,Ft.How | ard. Md. |
| 18. MEDICAL GERTIFICA | | INTERVAL BETWEE |
| DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEAT |
| IMMEDIATE CALLES (A) | F THE HYPOPHARYNX WITH | |
| ANTECEDENT CAUSE (S) | N OF THE LARYNX | UNMOWN |
| ISEASES OR CONDITIONS, IF ANY, IVING RISE TO THE ABOVE CAUSE DUE TO | F PROSTATE | UNKNOWN |
| TATING UNDERLYING CAUSE LAST. | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 9A. DATE OF OPERATION/# 198. MAJOR FINDINGS OF OPERATION | ON Mars also act and | 20. AUTOPSY1 |
| 9-30-55 (1) Bilateral orchidectomy | (2) Tracheotomy | AER WO |
| IA. ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, far | etory, 21c WHERE DID (City or town) (Cour., etc. INJURY OCCUR? | ty) (State) |
| 215. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | | |
| 2. I hereby certify that X attended the deceased from Jan. | 29, 19.56 to Jan. 30, 19.56, MANY las | raw the decease |
| AND SIGNATURE D. D. MARK, M.D. B. D. MARK, M.D | | stated above. TE SIGNED |
| D. D. MARK, M.D. A MILLOW CHE | M.D. VAH. Fort Howard, Nd. | 1/31/56 |
| 23, Burial, CREMATION, BAYE THEREOF NAME ON CEME REMOVAL (SPECIFY) 2/2/56 Baltimore | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | John A. Moran Funeral Home | ADDRESS |
| TREGISTRAR | | |



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certifical as been executed by the attanting physician and completely filled in by the funeral director, the third copy of this seath cartifical assembly should be described for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEATH

00329

0.7

CERTIFICATE OF 340

| | | • | Reg. D | ist. No | 2.1 |
|--|--|------------------------------|------------------------------------|----------------------|---------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDE | NCE (HOME) OF DECEA | BED | |
| COUNTY Baltimore MA | RYLAND | STATE Maryla | nd county Ba | ltimore | |
| | TH OF STAY this place) | CITY (# outside corp | orale limits, write RURAL and give | neerest town) | |
| Timonium | inis pieces | TOWN | Timonium | | · . |
| HOSPITAL OR | | STREET | (If rurel give locel) | on) | 1 |
| INSTITUTION OR STREET ADDRESS 122 Chrommodiday Im- | | ADDRESS | Greenmeadow Dr | 11770 | / |
| 3. NAME OF (Figs) (Middle) | TAG | | | | |
| PECEASED | | (Lest) | 4. DATE (Month) | (Day) (Ye | |
| (Type or Print) Arthur | Nicho | | DEATH Jan. | 7, 19 | 56 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE C | OF BIRTH | | DER 1 YEAR IF UNDER | |
| Male White (Specify) Marrie | d Nov. | 14, 1886 | 69 yrs. Monli | ns Deys Hours | Min. |
| 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BU | SINESS | II. BIRTHPLACE (State or for | rign country) | 12. CITIZEN OF WH | TAI |
| dona during most of working life, even if retired) Electrician GR INDUSTR Flectri | | Arglitte, Ke | ntuelar | u. S. A. | |
| 13. FATHER'S NAME | Cal | 1 14. MOTHER'S MAIDEN | | u. D. A. | |
| | | | | | |
| Jesse Nichols | | | ydia Burton | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unk.) (N Yes, give war or dates of service) | L SECURITY NO. | 17. INFORMANT & | ADDRESS | | |
| No 232-1 | 2-9092 | Mrs. Sarah | Nichols-133 Gr | eenmeadow I | Dr. |
| ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) LEOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | Hyps | al Hemo | rhage | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | | | |
| 196, DATE OF OPERATION 196, MAJOR FINDINGS OF OPER | MOITA | | | 20. AUTOP | |
| 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, | factors 1 | 21c. WHERE DID INJURY OCCL | 10.2 (City or lawn) | YES NO | - Luni |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bids | p., etc.) | zr. milki bib ii yoki occi | art (City or town) | County) (Stel- | (B) |
| 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY | OCCURRED I | 21f. HOW DID INJURY OCCI | JR ? | | |
| M. at work | Not while at work | | h | | |
| | | 200 - 1 | nu 112 CT | | |
| 22. I hereby certify that I attended the deceased from | m 51.55.042 | ≾, 19.⊋, toы. | 46.6% | at I last saw the de | acease(|
| alive onJAN: 6th, 19.5b, and that di | eath occurred a | t | causes and on the date s | lated above. | |
| BIGNATURE | | / ADD | RESS (Street, city, town, stella | DATE S | IGNE |
| m. K. Suinn | M.D. | York | KO I IIMONIUM | md. 1/ | 19/5 |
| 23. BURIAL, CREMATION, DATE THEREOF NAMI REMOVAL (SPECIFY) | E OF CEMETERY OR | CREMATORY / | LOCATION (City, town, or co | unty) | (Sphie) |
| | oreland H | emorial Park | Baltimore. | Md. | |
| 24. REC'D BY REGISTRAR . REGISTRAR'S SIGNATURE | 1 | 25. FUNERAL DIRECTOR'S | | ADDRESS | |
| DATE Miso Anne M. | ceRie | July 7 | und for my | a. al | DI |
| DATE Pluso Unne 1866 | and the contraction of the contr | SUGALLINA VIIA | Mall MONE - 17 | 01 1308011 | VICE |





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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

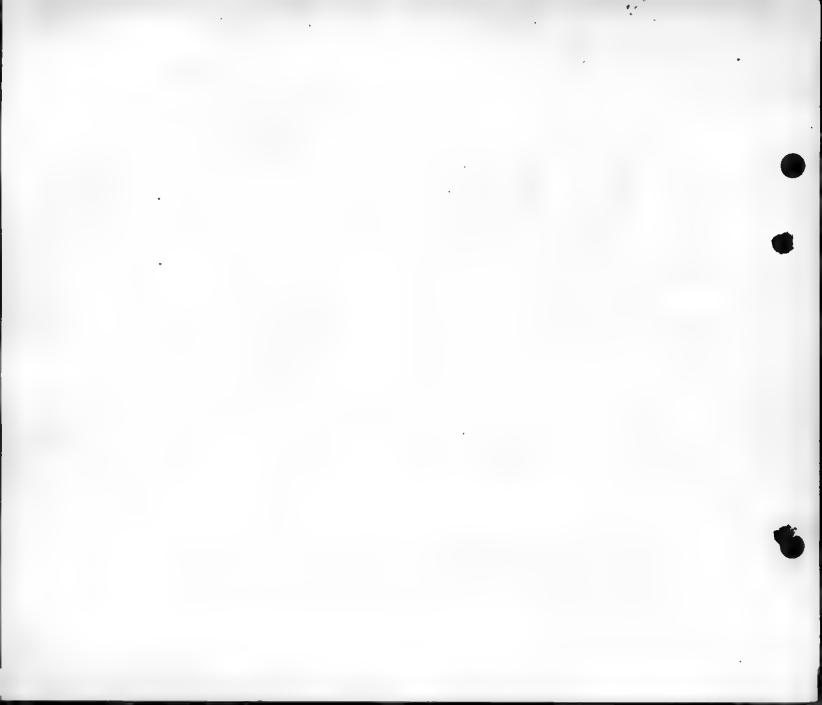
00331

342 FOR MEDICAL EXAMINERS Reg. Dist. No..... I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED STATE MD COUNTY BALTIMORC MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) TOWN ニュMBルIほ幺 HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS ORK RD NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED SARAH OINEILL JANE (Type or Print) JAN. 14 DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs | Months | Days | Hours | Min. WIDOWED, DIVORCED, (Specify) SINGEL Expros 80 VI 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OITE OWEN DINEILL MARY ELLEN DINEILL 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of D. DINBILL 6206 PINEHUAST RD GEORGE 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH MARTERIO SCLEROTIC CARDIOVASCULAR DISEASE lm nediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying rauce last IL OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! PRIMARY OR CONTRIBUTING CALSE OF DEATH. PLACE (Home, farm, Jactory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at INJURY 22 I certify that I took charge of the remains described above, held an Autopsy . Inspection v. Inquiry thereon and from the cridence obvioud by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined _. SIGNATURE (Degree or title) ADDRESS. DATE SIGNED DATE THEREOF CEMPTERY OR CREMATORY LOCATION (City, town, or county) Hey AL (Specify)

FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE $-\mathbf{OF}$ Reg. Dist. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: Baltimore legibly. COUNTY MARYLAND STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL! LENGTH OF STAY carefully. OR and give nearest town) (in this place) OR TOWN owson Baltimore and (If rural give location) HOSPITAL OR STREET Sheppard & Enoch Pratt INSTITUTION OR ADDRESS 33h8 Keswick Road STREET ADDRESS Hospital clearly information (Month) (Day) (Year) 3. NAME OF (Middle) (Last) 4. DATE (First) DECEASED Carroll Courtney Osborne DEATH: Jan. 6 1956 (Type or Print) 9. AGE last birthday: 19 UNDER 1 YEAR | 19 UNDER 24 HRS 7. SINGLE, MARRIED, WIDOWED, DIVORCED 8. DATE OF BIRTH: death 5. SEX: 6. COLOR OR Days Hours Months RACE: White (Specify): Male Married 12. CITIZEN OF WHAT οŢ H. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR INDUSTRY: COUNTRY? work done during most of working life, item USA even if retired): Engineer Hospital Baltimore County. Md. FOR BINDIN causes 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: every 16. SOCIAL SECURITY NO : | 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of Supply write th Employment Record - Sheppard-Pratt Hospital 212-32-1189 service) 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH And Death Onset INK. please lar Julese-Coronary RESERV (a) Immediate cause DUE TO ADING Antecedent causes (s) Physicians: Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. UNE OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION ortani Nob (STATE) (COUNTY) (CITY OR TOWN) 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) OF SUICIDE PLAINLY office bldg., etc.) INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Dav) (Year) (Hour INJURY OCCURED especially While at Not While At Work INJURY Work [. 19.5 that I last saw the deceased 22. I hereby certify that I attended the deceased from _ = 35 w from the causes and on the date stated above. alive on and that death occurred at WRIT (Degrate or title) NAME OF CEMETERY county) / BURIAL, CREMATION. OR CREMATOR (City, town 国 [Specify] REMOVAL 02 EA DATE REC'D BY REGISTRAR'S REGISTRAR



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MESCEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00334

345

CERTIFICATE OF DEATH

| | | N 6 |
|------|-------|--------|
| Reg. | Dist. | No. 45 |

| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|----|--|--|
| | COUNTY PULL TE MARYLAND | STATE And COUNTY B. U.T. |
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give nearest town) |
| -1 | OR and give parest town) (In this place) | TOWN Sand Sand Of |
| | HOSPITAL OR 5 | STREET - Clif rurel give location) |
| 4 | STREET ADDRESS 368 Education light. | ADDRESS 2/ X |
| ļ | 3. NAME OF (First) (Middle) | (lest) A DATE (Month) (Day) (Year) |
| | DECEASED | OF / |
| | (Type or Print) Plett Pas | RA DEATH / 22 195% |
| 1 | S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 1 8. DATE OF WIDOWED, DIVORCED, | The state of the s |
| - | (Specify) manual May | 18-1895 66 yrs. Months Days Hours Min. |
| - | 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| 7 | retired) House will the e | Moth Carolina COUNTRY? |
| 1 | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | Mrs Mr Cedaras. | Martin & Chevel |
| 1 | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
| | (Yes, no or unk.) [If Yes, alva wer or datas of servica) | Cellet Varks (dame; |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| | Blille leden | |
| 1 | ANTECEDENT CALIFERS DUE TO | accesomics of |
| | DISEASES OR CONDITIONS, IF ANY, (B) | edder 4min |
| | GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | |
| 1 | (C) | |
| | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| | DISEASE OR CONDITION CAUSING DEATH. | |
| 1 | 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | Il fladder: miser & VES NO X |
| | 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, Jarm, Jactory, 7 21 | 1c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.] | (analy) (analy) |
| | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 2 | 211. HOW DID INJURY OCCUR? |
| | M. at work et work | |
| | 22. I hereby certify that I attended the deceased from | 1955 to Jan 22- 1956 that I last saw the deceased |
| | alive on Jan 2 2 19 56 and that death occurred at | 6.15/1.M. from the causes and on the date stated above. |
| ٤ | SIGNATURE) | ADDRESS (Street, city, town, stete) DATE SIGNED |
| - | Joseus Seminal M.O. 14 | 37 Frency Que Bult 1 No 1/27/5 |
| 2 | 23. BURIAL, CREMATION, A DATE THEREOF NAME OF CEMETERY OR C | CREMATORY LOCATION (City, town, or county) (Siete) |
| 2 | REMOVAL (SPECIFY) | w. Cemely Smith Co Mer |
| 2 | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 1 25 FUNERAL DIRECTOR'S SIGNATURE |
| | 1 1 51 5 - 1 11 0 | Manualinik 1411East |
| | DATE 1" dt-36 alth attitle of | The contract of |

NSTRUCTIONS

ate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physicial and commetety filled in by the funeral director, the third copy of this death certificate assembly should be detained for ms as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

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R. V. U. T. C.

After this py of this

7 Nomes after death. director, the third

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%do5

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the negistrar mithin certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

200

CERTIFICATE OF DEATH

| A | n | 3 | 2 | 5 |
|---|---|---|---|---|
| V | U | U | U | U |

| | Film G-191 1/27/56 | Reg. Dist. No. | | | | | | |
|---------|--|--|--|--|--|--|--|--|
| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | | | | |
| | COUNTY PALTO MARYLAND | STATE MY CL COUNTY BEALTO | | | | | | |
| | OR and give negrest lown | P OR - 7 - 7 - 7 | | | | | | |
| | SYMUKCOUNTHOINTINENTGY: MAD | TOWN SYARKOWS YOINT | | | | | | |
| | HOSPITAL OR INSTITUTION OR STREET ADDRESS GIFFILE HILLS FOR Admiral B1 | vd. STREET ADDRESS 915 E (If rural give location) | | | | | | |
| | 3. NAME OF (First) (Middla) (Type of Print) ISABELLA PA | TERSON 4. DATE (Month) (Day) (Year) OF DEATH 22 - 19.57 | | | | | | |
| | S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify Single 22 | | | | | | | |
| | 10%. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) #005 # FEFFER FOR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | | | | |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | |
| | JOHN PATERSON | ALICE DRESSER | | | | | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, nofprymk.) [If Yes, give war or dates of service] | 17. INFORMANT & ADDRESS | | | | | | |
| a | MONE | MRS. A. SIDNEY HACKMAN-SOME | | | | | | |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| | IMMEDIATE CAUSE (A) 1/mora-r | - 4 = dema 2 hours | | | | | | |
| | DISEASES OR CONDITIONS, IF ANY, (B) Ventricular Fibrillation Frokally 2- hour | | | | | | | |
| | GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) | Arterpenterate Cardinality | | | | | | |
| | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | re at 120st 10413 | | | | | | |
| p | 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | | | | | |
| | Zia. ACCIDENT WAS UNDERLYING ☐ Zib. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER] | Ic. WHERE DID INJURY OCCUR? (City or fown) (County) (Sieta) | | | | | | |
| | | TI. HOW DID INJURY OCCUR? | | | | | | |
| | 22. I heraby certify that I attended the deceased from | 19.55 to URA 12 19.5 Ca that I last saw the deceased | | | | | | |
| | alive on Desage 19 55, and that death occurred at | | | | | | | |
| 35 10M | SIGNATURE Skried Charles M.D. 9 | ADDRESS (Street, clly, town, stole) DATE SIGNED | | | | | | |
| A15C 1. | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CEMETERY OF COLUMN AND COLUMN AN | | | | | | | |
| VS | DATE Jan 24-56 Dawson S. Farber | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AND ALLE BENEFIT PROBLEM AND ADDRESS AND AND AND ADDRESS AND ADDR | | | | | | |

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NSTRUCTIONS

ICIAN OR HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

345

CERTIFICATE OF DEATH

| I. PLACE OF DEATH | | 2. Shoul relies were made as attreach | | | | | | | | | |
|--|---|---------------------------------------|--------------------|---------------------------------|-----------------|---------------------------|--------------|----------|-----------------------|--------|--|
| COUNTY Baltimore MARYLAND | | | | STATE Moryland COUNTY Baltimore | | | | | | | |
| CITY (If outside corporate limits, write | RURAL | LENGTH OF | | CITY (H a | utside corpor | ota limits, write RURAL o | | | | | |
| OR and give nearest town) TOWN Catonsville | | | icel | TOWN Catonsville | | | | | | | |
| HOSPITAL OR | | | | MILLI | UALUUI | (H rural gl | va location) | | | | |
| INSTITUTION OR STREET ADDRESS 201 S.ST | mington Av | 0 | | ADDRESS 2 | 01 S.S | ymington A | ve. | | | | |
| 3. NAME OF (First) | | ddle) | | (Last) | | 4. DATE (Mo | | (Day) | (Yes | n) | |
| (Type or Print) | 204 77 | The 227 | | | | OF T | o 2 | , | 19 | 56 | |
| S. SEX 6. COLOR OR | 7. SINGLE, MARRIED | PAY | 8. DATE C | OF BIRTH | 9 | AGE lest birthday | IF UNDE | R 1 YEAR | IF UNDER | | |
| RACE | WIDOWED, DIVO | RCED. | 22.0 | 2 2 2 2 2 | | 76 yrr. | Months | Days | Hours | Min. | |
| F_male White 10. USUAL OCCUPATION (Give kind of w | (Spacify) Tri | OF BUSINESS | ي. حيل | 2-1879 11. BIRTHPLACE (| itala ot foreid | 70 | 1 1 1 | 2 CITIZE | N OF WH | ĀĪ | |
| dona during most of working life, ever | on if OR IN | DUSTRY | İ | | | m county, | | | COUNTRY? | | |
| At Home | | None | | Maryl | | | | | | | |
| 3, FATHER'S NAME | | | | 14. MOTHER | | | | | | | |
| Henry Meeth | | | | | | th Tribbie | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARME (Yas, no, or unk.) (If Yas, give wer or de | | SOCIAL SECU | RITY NO. | , | RMANT & A | | | | | | |
| (Yas, no, or unk.) (If Yas, give wer or de | uss of service! | None | | Herbe | rt Pay | me,Ellicot | t Cit | y, Md | | | |
| 1 DISEASES OR CONDITIONS DIRECTLY L | EADING TO DEATH | 18, MED | ICAL CE | RTIFICATION | | | | | RVAL BETY | | |
| 2 DISEASES ON CONDITIONS DIRECTLY | | | | m 0 > 1 to | | 4 | | | | | |
| : IMMEDIATE CAUSE | (A) CONG | -27/10 | IE C | KICDIA- | 7 (- | ALLURE | | - C.F-1 | RON | CC | |
| MAIR PRESENT COORIST | DUE TO AGO | TIC | 577 | NOSIS | | | | Cour | CEN | 7-11 | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE _ | (8) | 10 | ~ [~ | 70 - 0 10 | | | | 000 | G-C- // | (1/7) | |
| STATING UNDERLYING CAUSE LAST. | (C) | | | | | | | | | | |
| IT OTHER SIGNIFICANT CONDITIONS CON | TRIBUTING | | | | | | · | - | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEA | HE NEP | HROS | SELE | ROSIS | | | | 16 | ARS | * | |
| | MAJOR FINDINGS OF | | | | | | | | , AUTOPS | _ | |
| | | | | | | | | YES | | | |
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Homa, OF INJURY straet, office | farm, factory, ce bldg., atc.) | | 21c, WHERE DID IN. | URY OCCUR | 7 (City or town) | (Cou | nty) | (State |) | |
| 21d. TIME OF INJURY (Month) (Day) | (Year) (Hour) 21a. It While M. et work | | while garage | 21f. HOW DID INJ | URY OCCUR | ? | | | | | |
| 22. I hereby certify that I at | tanded the deceste | d from M | AV | 1053 | in FA | N. 1056 | > that I | last env | v the de | C03506 | |
| | 5.6 and the | | | | | | | | | #### | |
| SIGNATURE | P | nar deam v | occurred a | ~ ~? · | | ESS (Street, city, tow | | | o. Date s i | GNED | |
| Alinea III & | Tradies | | и в | 9. Illand | 1 Mill | | | 1 | - سىم د | 5/- | |
| 23. BURIAL, CREMATION, DATE REMOVAL (SPECIFY) | THEREOF | NAME OF C | M.D. EMETERY OR | CREMATORY | nez | LOCATION (City, tow | n, or count | у) | <u> </u> | State) | |
| Buriel | 1-27-56 | SAle | m Iaith | eran | | Catonsvil | le. Vd | | | | |
| 24. REC'D BY REGISTRAR REGISTRAR | STRAR'S SIGNATURE | | | 25. FUNERAL I | IRECTOR'S | Cotonsvil | 7,510 | ADDRESS | | | |
| DATE / -27-56 0 | 1.8 Ha | mme | 9 | Mac Nat | b & S | on. Catonsv | ille, | Md. | | | |



343

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00338

CERTIFICATE OF DEATH

Reg. Dist. No.......

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|--|--|
| T COUNTY Baltimore MARYLAND | STATE Maryland COUNTY Baltimore |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this ptaca) | CITY (if outside corporate limits, write RURAL and give nearest town) OR |
| Parkville | TOWN Baltimore |
| HOSPITAL OR Oak Haven Bursing Home | STREET (If rurel give location) ADDRESS |
| STREET ADDRESS 9008 Harford Road #14 | 3118 Mary Avenue #14 |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Yeer) |
| (Type or Print) Mrs. Frances B. | Peshek DEATH January 20 1, 56 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O | |
| female white Specify single May | 10, 1872 83 yrs. Months Days Hours Min. |
| 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| ratired) | Baltimore, Maryland USA COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| ? | ? |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
| (Yes, no, or unk.) (If Yes, give wer or dates of service) | Mrs. Beatrice Howard, 3118 Mary Avenue |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION BYTERVAL BETWEEN ONSET AND DEATH |
| The second secon | V Arteriosclerosis |
| DUL TO | |
| DISEASES OR CONDITIONS, IF ANY, (8) TEN ENCL/12 6 | ed Arteriosclerosis |
| GIVING RISE TO THE ABOVE CAUSE DUE TO | |
| (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH | 20, AUTOPSY? |
| | YES NO L |
| 21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING 21c.) OF INJURY street, office bldg., etc.) (IF ETIMER, NOTIFY MEDICAL EXAMINER) | Fig. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| 21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED White Not while M. et work at work | 211. HOW DID INURY OCCUR? |
| | , 19.5.3., to. Jan 20, 195.6., that I last saw the deceased |
| alive on Jan 18, 19.3.6, and that death occurred at | 20 A |
| SIGNATURE | ADDRESS (Street, city, lown, stete) DATE SIGNED |
| Charles // sever M.O. | 5/01 Belair 60 1/21/50 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR | CREMATORY LOCATION (City, town, or county) (State) |
| Burial 1/23/56 Holy Redee | mer Cemetery Baltimore, Md. |
| 24. REC'D BY REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
| DATE. W. W. M. Bacon | Leonard J. Ruck, 5305 Harford Road #14 |

S A OF THE

INSTRUCTIONS

208

CERTIFICATE OF DEATH

| | | | 47 | |
|------|-------|-----|----|--|
| Rea. | Dist. | No. | | |

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|--|--|
| COUNTY 3 a Clim orle MARYLAND | STATE -1111 COUNTY |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give negrest (own) |
| OR and give geeresi tolvini (In this piece) | TOWN - Arbutus |
| HOSPITAL OR | STREET (H rural give focetion) |
| INSTITUTION OR STREET ADDRESS 1206 STREET ADDR | ADDRESS 1 21 1 |
| 1606 Day of the will. | 1206 Stly Stone Ra. |
| 3. NAME OF (First) (Mydda) | (Lest) 4. DATE (Month) (Day) (Yoar) |
| (Type or Print) lan L. Ffle | fer DENTHYAIL 6 1956 |
| S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | |
| -lena (2 white (Specify) in miled 6/1 | 0 1 1 9 0 5 50 yrs. Months Deys Hours Min. |
| 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS | 11. SARTHPLACE (Stele of foreign country) 12. CITIZEN OF WHAT |
| done during most of working life even if OR INDUSTRY | Tangela Mains Tountry |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| E 1 10 mm 7).00 | 111: 8 0. |
| 6-award M. Telly | Soonia 6. Lavis |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or detes of service) | 17. INFORMANT & ADDRESS DI 1206 RCC |
| | Mh Le Moy V. Heifer Dreystone |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (A) Lavenma | (1) minn |
| | |
| DISEASES OR CONDITIONS, IF ANY, (B) | |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | |
| STATING CAUSE LAST. | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. | |
| 198, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| | YES NO TO |
| 21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) | 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State) |
| 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a, INJURY OCCURRED While Not while | 21f. HOW DID INJURY OCCUR? |
| M. at work all work | , |
| 22. I hereby cartify that I attended the deceased from 2/1 | 19.5 4, 10. 1/6. 19.5 6, that I last saw the deceased |
| alive-on 1 5 a and that death occurred at | 4.0 _ |
| SIGNATURE | ADDRESS (Street, city, town, spile) DATE SIGNED |
| mon to Negalia M.O. | Stalethoutes, M. A. 1 6 56 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR | |
| REMOVAL (SPECIFY) | -A- h T h h 1 P A |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS DI |
| 1 1 1 200 1 6 82 7 11 | A STATE OF STATE OF THE STATE O |
| DATE fan. 6, 1936 STV. Les J. M. dueste | Town I. Cowant Low Holling |



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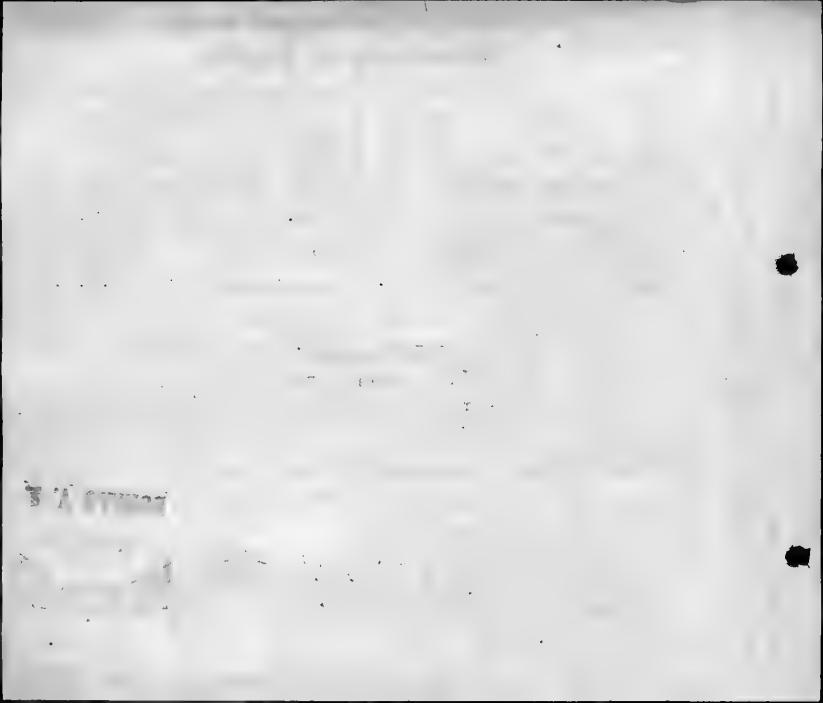
sth. After copy of death. third hours after 72 hour within registrar the t .⊑

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with filled complemy fransit and phyllician attending pr ¥e × ■xecuted death certificate has MOI M certificate

CERTIFICATE OF DEATH 349

Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Baltimore MARYLAND STATE Maryland Baltimore COUNTY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (If outside corporate limits, write RURAL end give negrest town) (in this place) TOWN TOWN Life Fullerton Full erton HOSPITAL OR STREET (If rure) give location) INSTITUTION OR **ADDRESS** STREET ADDRESS 1327 Ridge Road Ridge Road 3. NAME OF (Middle) 4. DATE (Year) DECEASED OF (Type or Print) Albert Pfeiffer January 19 56 6. COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED. RACE Months Hours (Specify) October 19, 1886 VIS. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even M OR INDUSTRY COUNTRY? Glenn Martin Co Baltimore County. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Pfeiffer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yas, give wer or dates of service) 220-2/1-7/197 No Mrs. Albert Pfeiffer-4327 Ridge Road IS. MEDICAL CERTIFICATION INTERVAL BETWEEN 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH hours IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSEISI rterioscletotic Cardio vaseviar DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Discuse DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21a. ACCIDENT WAS UNDERLYING [21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or fown) (State) OR CONTRIBUTING IT CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21f. HOW DID INJURY OCCUR? (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work alive on Tan 13 SIGNATURE ADDRESS (Street, city_town, state) BUR AL, CREMATION NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Jan. 16, 1956 aurial Parkwood Baltimore, Maryland. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE



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2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00341

CERTIFICATE OF DEATH

| | | | 30 |
|------|-------|----|----|
| Reg. | Dist. | No | |

| ■ * | | 0.0037 |
|---|--|-------------------------------------|
| copy | 350 CERTIFICATE OF DEATH | 30 |
| death ird co | Reg. Di | st. No |
| £ | 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEAS | ED |
| a suppose | COUNTY WALTIMOSE MARYLAND STATE MARYLAND STATE MARYLAND | |
| ours lor, H | CITY AND ADDRESS OF PROPERTY OF STANK O | earast-teavn) |
| ert e | OR and girdneares town NSVILLE In the place of TOWN DALTING REPORTED TO NSVILLE | C"/TY |
| 4 | HOSPITAL OR CATON RIDGE STREET (IF rurel give localio | n) |
| thin | STREET ADDRESS NURSING HOME 2126 CRAIG | 3 HVA |
| E K | 3. NAME OF (First) (Middle) (tast) 4. DATE (Month) | (Dey) (Year) |
| trac | (Type or Print) GATACE E. PILSON DEATH / - | 4 156 |
| , S | WIDOWED, DIVORCED, | Dave Hours ! Min. |
| E.S. | PETITION (Specify) 5/16/2E DOLY TO TOUT IN YES | Days Hours Min. |
| = T | 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY) 11. DIRTIPLACE (State or foreign country) OR INDUSTRY | 12. CITIZEN OF WHAT |
| 多篇点 | refired) CLERK INSUMANCE LALTO, NID | 4.5. |
| e de de | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME | |
| mplete ransit | No. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | EANS, |
| tra tra | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Ves. has or unik.] (If Yes, give wer or dates at service) [2/5-07-8624 B BERT M PLESDA) 5.20 | COAR AVE |
| rtifice ind c burial | [188, NO OF INK.] (II TOS, give wer or dates of service) 2/5-07-8624 ROBERT M PILSON 5120 | , CRAIGHVE. |
| cert a bi | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| est cian | 120. / IMMEDIATE CAUSE Willeute Gronary Occlesion | I hover. |
| hysin nse | ANTECEDENT CAUSE(S) DUE TO A A LA LA TILLE | |
| 1 4 6 6 7 6 6 7 6 6 7 6 6 7 6 9 6 9 6 9 6 9 | DISEASES OR CONDITIONS, IF ANY, (B) CAUSE TO THE ABOVE TO T | 4 . 4 |
| d din | STATING UNDERLYING CAUSE LAST. DUE TO and Cardeae Hypertraptice | 14 HEars |
| ires ach ach | TO THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| n e d | DISEASE OR CONDITION CAUSING DEATH. | |
| **** | 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | YES NO A |
| The la | 216 ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or fown) (C | ounty) (Steta) |
| _ | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| RECTOR: sen exect assembly | 21d. TIME OF INJURY (Month) (Dey) (Yeer) [Hour] 21e, INJURY OCCURRED 21f, HOW DID INJURY OCCUR? | |
| L e e | M. et work et work | |
| Dee Se | 22. I hereby certify that I attended the deceased from 7/24/47-19 to 1957, that | |
| Has Hicate | alive on 195 and that death occurred at 102 p.M, from the causes and on the date sta | ated above. |
| AT | SIGNATURE (Street, city, town, stele) | DATE SIGNED |
| | | |
| NE Final Property 1-55 | | otal since 137 |
| Ziz | 23. BARIAL CREMATION DATE THEREOF NAME OF CEMETERY OF CREMATORY LOGATION (City, lown, or cou | niy) Niele 37 |
| certificate death cert | 23. BHRIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or cou | ADDRESS ADDRESS |

2 y United

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FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registral within 72 hours after dwath. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed certificate has been executed by the attending physician and completely if

A15C 1-55 10M

S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1/2

| 351 | | | Reg. Dist | . No. 40 |
|--|------------------------------|----------------------------------|--|-------------------------------------|
| 1. PLACE OF DEATH Baltimore Cou | nter | 2. USUAL RESIDENCE | CE (HOME) OF DECEASE |) |
| COUNTY GT ON Arm | MARYLAND | STATE Mary | land county | 1 |
| CITY (If outside corporate limits, write RURAL | LENGTH OF STAY | CITY (If outside corpore | ete limits, write RURAL and give naa | rest town) |
| OR and give nearest town) TOWN Glen Arm | (in this piece) | town Glen | Arm | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS | (If rurel give location) | |
| | iddle) | (Lasi) | 4. DATE (Month) | (Day) (Yaar) |
| (Type or Print) Henry E. Plack | | | OF DEATH 1/1/56 | 11 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED | , 8. DATE C | OF BIRTH 9 | . AGE last birthday IF UNDER | 1.0 |
| Male White (Specify) Wide | owed 3/5/7 | 77 | 8 4 yrs. Months | Days Hours Min. |
| | OF BUSINESS | 11. BIRTHPLACE (State or foreign | | . CITIZEN OF WHAT |
| done during most of working life, even if OR II | NDUSTRY | | | COUNTRY? |
| Barber Bar 13. FATHER'S NAME | rber | Beadenkopfi, | | 77. S.A. |
| | | | AME | |
| unknown | | unknown | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unk.] (If Yes, give wer or dates of service) | SOCIAL SECURITY NO. | 17. INFORMANT & AL | DDRESS | |
| no no | none | Rev. Paul | Plack, Montoursv | ille, Pa. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH // | 18. HEDICAL CEN | TIFICATION | 12 | INTERVAL BETWEEN ONSET AND DEATH |
| 4 de IMMEDIATE CAUSE (A) | ereb ra | Q Juri | ill does | 23 hrs |
| ANTECEDENT CAUSE(S) DUE TO | TESIA MAI | list tiel on | A de intrala | 1 - 1 -class |
| DISEASES OR CONDITIONS, IF ANY, (B) GVING RISE TO THE ABOVE CAUSE | CCC CCC | a will the | recent vere (10) | as it from |
| STATING UNDERLYING CAUSE LAST. DUE TO | Meas | are | * redning sp-com(c) * Plignment, duh(c)out | |
| TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 19a, DATE OF OPERATION . 19b. MAJOR FINDINGS O | F OPERATION | | | 20. AUTOPSY? |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, | form fastons | 21c. WHERE DID INJURY OCCUR | ? [City or lown] (Cour | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off | ice bldg y, etc.) | ZIC. WHERE DID MOOR! OCCUR! | I (Course of fown) | nty) (State) |
| 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. II White | NJURY OCCURRED | 21f. HOW DID INJURY OCCUR | ? | |
| M. at wor | | | | |
| 22. I hereby certify that I attended the decease | ed from HLUL | 1, 1957 10 Var | 19.5.6, that I | last saw the deceased |
| 6 elive on 166 6, 31, 1950 , and 1 | hat death occurred at | 134 M. from the ca | uses and on the date state | d shove |
| SIGNATURE | | ADD | CSS (Street, city, town, state) | DATE S |
| (4.4. cod T. 19-2 Cl | CAM.D. | took. | MR. 11. | 7/56 |
| 23. BURIAL OREMATION, DATE THEREOF | NAME OF CEMETERY OR | diduction. | LOCATION (City, town, or county | (Stele) |
| Burial 1/4/56 | Fork Mothod | dist | Fork, Maryland | |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S S | IGNATURE | ADDRESS |
| DATE N 3 1956 Dr. Mar | of the de | 111 - Fall 711 | aft Inc. 6009 | Va.1.10 |
| 1000 1 0VV. 1100 | lev Mammeri | DUMP HOLYK-DIA | and me accor | neary and ill oak |



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VS

MARYAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00343 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
|---|--|--------------------|
| COUNTY Baltimore MARYLAND | STATE Maryland COUNTY Baltimor | е |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits write RURAL and | give nearest town) |
| OR and give nearest town) TOWN RESULTS TOWN | Town Reisterstown Rt. 2 | × |
| HOSPITAL OR | STREET (If rural, give location) | 2 |
| STREET ADDRESS Nicodemus Road | ADDRESS Nicodemus Road | * |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) | (Year) |
| | lman death Jan. 21 | 156 |
| RACE: WIDOWED DIVORCED. | of BIRTH; 9. AGE last blrihday; IF UNDER I YI 28, 1893 62 yrs. Months Da | |
| | R 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHAT |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): Machinist : Stokers | Maryland U | COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | <u> </u> |
| John N. Pohlman | Ida Armola Yingling | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO : | 17. INFORMANT & ADDRESS: | |
| (Yes, no, or unk.) (If Yes, give war or dates of 215-09-3010 | Mrs. John Pohlman, Reistersto | wn, Ed. |
| 18. MEDICA | AL CERTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | | ONSET AND DEATH |
| Immediate cause (a) Coronary Occlus | sion . | 5 min |
| | and a | 11 |
| (b) OUT OTHER Y THE OTHER | logie . | 4 yrs. |
| giving rise to the above cause Doe to sail 5 1112 4 5 5 001 1 5 | | 5 yrs. |
| (6) | rc c-A Diaease | : 5-7 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | |
| DISEASE OR CONDITION CAUSING DEATH, | AT 11 100 1 1914 11 11 11 11 11 11 11 11 11 11 11 11 1 | 20. AUTOPSY? |
| none none | | Yen □ No |
| 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, | , 21c. (City or town) (County) | (State) |
| PRIMARY or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. HOME INJURY HOME | ' none | |
| 21d. Time (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED | 21f. HOW DID INJURY OCCUR? | |
| OF INJURY NONE M. While at nonet work | none | |
| 22. I hereby certify that I took charge of the remains describ | | |
| find that death resulted from: Natural causes [3], Accident | dent 🗌 , Suicide 🗎 , Homicide 🔲 , Undeter | |
| SIGNATURE | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | DATE SIGNED |
| A. N. Caples | M. D. ASSISTANT MEDICAL EXAM. | 1-23-56 |
| REMOVAL (Specify): | RY OR CREMATORY LOCATION (City, town, or con | unty) (State) |
| Burial Jan 25, 1956 Lorraine Pa | ark Cemetery Baltimore | Md. |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. | 24. FUNERAL DIRECTOR Wm. Berryman & Sons, Reisters | town Md. |
| REG LS J& Mary 3 Eline | 1 | |



9261 33 NA



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

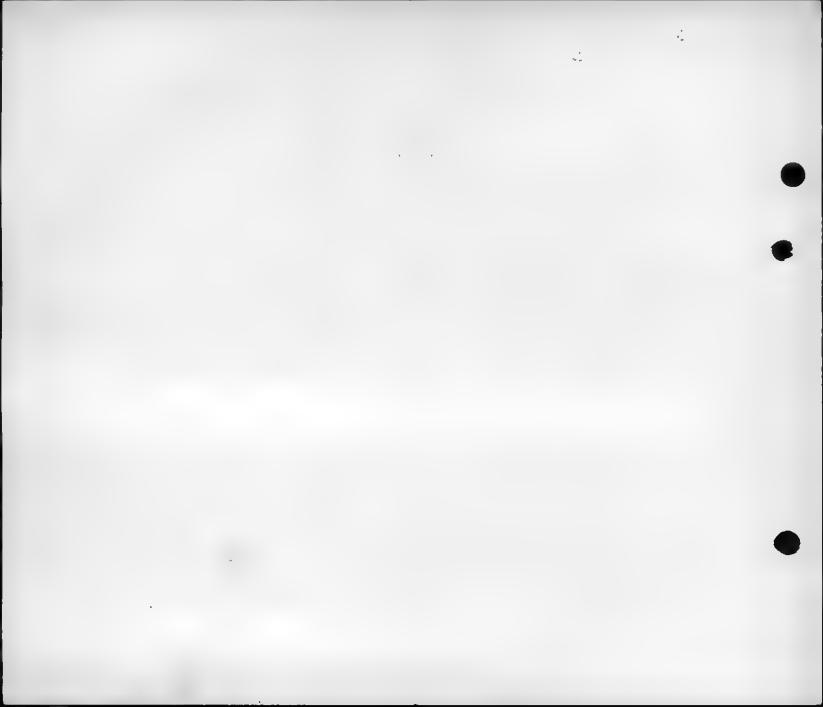
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353

FOR MEDICAL EXAMINERS

Reg. Dist. No.,

| I. PLACE OF DEATH | • | | 2. USUAL RESIDENCE U | HOME) OF DECEM | SED. | | |
|---|--|--|--|--------------------|-------------------------------|---------------|-------------------------|
| COUNTY | Baltimore | MARYLAND | STATE | | COUNTY | | |
| CITY (If outside en | rporate limits, write RUR | AL and LENGTH OF STAY | CITY (If outside curpur OR | | RAL and glv | e nearest | tnwn) |
| OR give pearest TOWN | Catonsville | 2yr 3mt 12day | S TOWN BALT | imore | | | X |
| HOSPITAL OR INSTITUTION OR STREET ADDRES | s SPRING GR | OVE STAIL HUSP. | STREET | Vilson Ft. | Rd E | Balto. | 20 / |
| 3. NAME OF | (First) | (Middle) | (La t | | (Month) | (Day) | (Year) |
| DECEASED (Type or Print) | Alice | B. | Potter | OF DEATH | 1-10-56 |) | 19 |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, | 8. DATE OF BIRTH | 9. AGE last birthd | ay I If under | year If | under 24 hr |
| female | white | WIDOWED, DIVORCED, (Specify) Widowed | Oct. 1. 1877 | 78 v | Months | Days I | Iours Min. |
| 10m. USUAL OCCUPA | TION (Give kind of work | 10b. Kind of Business on | 11. BIRTHPLACE (State | | 2 | CITIZEN | OF WHAT |
| done during most of wi | rking life, even if retired) | INDUSTRY | Maryland - Ba | Itimore | l T | Court Y | |
| 13. FATHER'S NAME | E . | | 14. MOTHER'S MAIDEN | NAME | | / 4 10 9 11 1 | |
| Joh | n deaustx Gea | rish | Elizabeth ? | Bennet | | | |
| 15. WAS DECEASED EV | ER IN U.S. ARMED FORCES | 17 16. SOCIAL SECURITY NO. | 17. INFORMANT AND A | DDRESS | | | |
| (Yes, no, or unknown) | (If yes, give war or dates : service) | unknown | Records of Sw | ring Grove | State E | iosrit | :al |
| | | 18, MEDICAL CE | | | 5 04 00 | 1 | 344 |
| I. DISEASES OR CO. | NDITIONS DIRECTLY | acute Carde | ac farler | | | | AL BUTWEEN AND DEATH |
| giving rise to stating the un | onditions, if any, the above cause last (c) CANT CONDITIONS | Generalized a Cardin vu | seular dis | ene | er a geregembergepp naminings | | *** |
| related to the disease | ing to the death but not | ractare left to | mu (hite | Anekant | and. | | |
| 19m. DATE OF OPER | ATION 196. MAJOR | FINDINGS OF OPPRATION | | | | 1 20. AU | TOPSYT |
| | | | | | | Yes [| No K |
| PRIMARY FOR COL CAUSE OF DEATH | NTRIBUTING OF INJ | | Calmen | lu, | GOUNTY | Jus (S | TATE) |
| TIME (Month) OF INJURY | (Day) (Year) (Hour) | INJURY OCCUPRED While at Not while work at work | fell offcha | icuri | -flor | v- | 1-4 |
| 22. I certify that I obtained by said from: natural SIGNATURE | took charge of the rema Autopsy, Inspection o causes \ accident [] | tins described above, held an a r Inquiry, find that said dece suicide of homicide of Research | Autopsy , Inspection assed died on the dry state undetermined undetermined DDRESS SPRING | | nereon and with in my | | |
| - Selly | Keef pro | Klo wan Bu | Ltc Catons | ville 28, M | | | -10-5 |
| 23. BI RIAL, CREMA REMOVAL Specific | Jan. 13, 19 | 956 Loudon Park | Ceme tery | LOCATION (Chy. (| | | (State) |
| DATE REC'D BY L | OCAL REGISTRAR'S | SIGNATURE Such | Schimunek Funer | cal Home, I | nc. | ADDE | RESS |
| 7 | | | | CTOOL OF! | | | |



PLE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

Reg. Dist. No.

Balto. COUNTY

COUNTRY?

19

Intervai Between

Onset And Death

20. AUTOPSY T Yes No No

(STATE)

WHAT

(If rural give location)

(DRy) (Year) 56

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Days Hours

Months | 12. CITIZEN OF

ADDRESS

BUREAU V. S.

INSTRUCTIONS



REGISTRAR'S

Reg. Dist. No.

Baltimore, Maryland

24 Wm. Cook-Blight Inc. Funeral Home 6009 Harford Road, Baltimore li, Md.

| - 1 | | | |
|--------|--|---|--|
| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | · · |
| 0 | COUNTY Baltimore MARYLAND | STATE Maryland COUNTY | |
| | CITY (If outside corporate limits, write RURAL (in this place) Town Fort Howard 12-1/2 Hrs. | CITY: If outside corporate limits, write RURAL at OR TOWN Baltimore | na give nearest town |
| | HOSPITAL OR STREET ADDRESSVeterans Administration Hospit | STREET (If rural give iocation) al 740 E. Fort Avenue | |
| 1 | | | Ony) (Year) |
| | | REILLY DEATH: January 2 | 1, 1956 |
| | MALE WHITE TO SPECIFIC WINDOWED, DIVORCED, January | 3, 1892 9. AGE last birthday Ir under ty. Months D. | EAR IF UNDER 24 HRS. Rys Hours Min. |
| | work done during most of working life OP INDICEDS | 11. BIRTHPLACE (State or foreign country): 12. | CITIZEN OF WHA |
| 3/ | even if retired : Engineering | Massacheusetts U | ·D·A· |
| | Unknown | Unknown | |
| | 15 WAS DECEASED EVER IN U.S. ANMED FORCES! 16. SDCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| N. | Yes of service WW-1 212-01-2689 | Clin.Rec., Vet. Amm. Hosp., Ft. H | oward, Md. |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH [MMEDIATE CAUSE (A) CONGESTIVE | HEART FAILURE | INTERVAL BETWEEN |
| | ANTECEDENT CAUSE (S) | | |
| 200 | GIVING RISE TO THE ABOVE CAUSE DUE TO | MPHYSEMA | UNKNOWN |
| 1 | STATING UNDERLYING CAUSE LAST. (C) | | |
| 1 | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| 3 | TO THE DEATH BUT NOT RELATED TO THE | | |
| 4 | DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 1 | 20. AUTOPSY? |
| , | 9" | | YES NO |
| i com | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF ETHER, NOTIFY MEDICAL EXAMINER) | cory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR? | y) (State) |
| 2 | 21D. TIME (Menth) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work | 12:00 NN | |
| D | 22. I hereby certify that I attended the deceased from Jan. 2 | | Section of the section of the section of |
| g g | MONOTORY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 12:00 M, from the causes and on the date s | |
| S I | | | /21/56 |
| 5 | 22 RUDIAL CREMATION DATE THEREOF NAME OF CEMETE | ERY OR CREMATORY LOCATION (City town or | |

Baltimore National Cemetery

-10 - 53VS. TYPE O

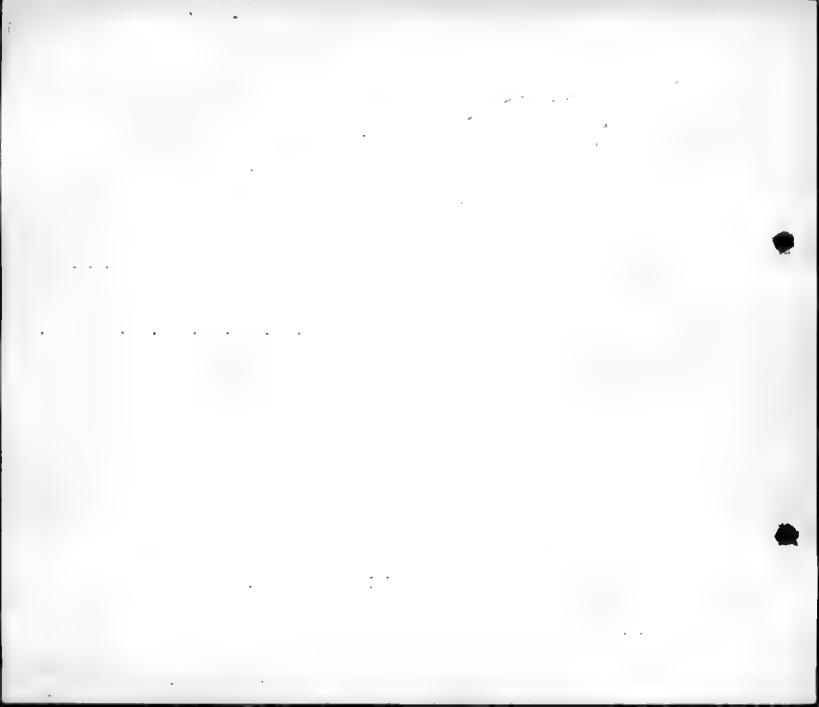
PLEASE

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

Burial

MARGIN RESERVED



MSTRUCTIO

VS A15C 1-55 10M

35\$

CERTIFICATE OF DEATH

Reg. Dist. No. 44

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|--|--|
| county Baltimore Maryland | STATE Marry land county |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) | CITY (If outside corporate fimits, write RURAL and give nearest town) OR |
| Fort Howard 50 days | Baltimore |
| HOSPITAL OR | STREET (If rural give location) |
| INSTITUTION OR STREET ADDRESS | ADDRESS |
| STREET ADDRESS Veterans Administration Hospital | 320h Rueckert Ave., Balto 1h, Md. |
| 3. NAME OF (First) (Middle) | (Lest) 4. DATE (Month) (Dey) (Year) |
| (Type or Print) JOHN C | RHODES DEATHJanuary 15 19 56 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (| 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS |
| (Constitution of the Constitution of the Const | 30/92 63 yrs. Months Days Hours Min. |
| 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| done during most of working life, even if OR INDUSTRY | COUNTRY? |
| Bookkeeper Bank | Baltimore. Maryland U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Charles M. Rhodes | Emma V. Dorsey |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
| (Yes, no, or unk/) (If Yes, give war or dates of service) | 45 6 45 77 1 A 7 6 77 751 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| Yes Unknown Unknown | Clin.Rec.Vets.Admin.Hosp.Ft.Howard,Md. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | RTIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| ADDERIAT CODUCTAT III | |
| | True unclion 3 days |
| ANTECEDENT CAUSE(S) DUE TO | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | |
| STATING UNDERLYING CAUSE LAST. DUE TO | |
| Other Significant cond. L. Arteriosclerotic | cardio-vascular disease 2. kneu+ 1. 1/ yrs |
| GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING MATORICAL ATTRICTS. TO THE DEATH BUT NOT RELATED TO THE | 3. Pheumonitis, left lung 4. 2. 16 yrs |
| DISEASE OR CONDITION CAUSING DEATH, Gastrointestinal home | orrhage. 3. 3 days |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 420 xin8ix) |
| | YES NO TO |
| 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) If FITHER, NOTIFY MEDICAL EXAMINER | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a, INJURY OCCURRED | 21f. HOW DID INJURY OCCUR? |
| White Not white | ZII. NOW DID ROUK! OCCUR! |
| M. at work et work | |
| 22. I hereby certify that Whattended the deceased from overnbar. | 26 1956, January15, 1956. אוסטים אוא איטים אוסטים אוטים וויים ביים 1956 |
| | tl: 05PM, from the causes and on the date stated above. |
| A BIGNATURE . T . I . T | Ambana da a bara a a |
| Wyam h danove | 1/15/56 |
| VILLIAM LAVETTE, M. D. M.O. V. | starans Administration Hosp. Ft. Howard J.d. |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) A DATE THEREOF NAME OF CEMETERY OR | CREMATORY LOCATION (City, town, or county) (State) |
| BURIAL 1-18-36 Baltimore | National Baltimore, Maryland |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
| - 4 111 10 B A - 1 7 1 | William Cook, Blight, Inc. Md. |
| DATE JUN. 16, 1950 dawson d. Larter. | 16009 Harrord Ed. Balto. Ed. |

OSEL TI VA

BUREAU V

00349

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|---|---|
| COUNTY BALTIMORE MARYLANI | STATE MARYLAND COUNTY |
| CITY (If outside corporate rimits, write RURAL LENGTH OF ST/ OR end give neerest lown) (in this place) | AY CITY (If outside corporate limits, write RURAL and give nearest town) OR |
| TOWN FORT HOWARD 7 DAYS | TOWNBALTIMORE |
| HOSPITAL OR | STREET (If surel give location) ADDRESS |
| STREET ADDRESS VETERANS ADMINISTRATION HOSE | PITAL 1803 WHITMORE AVENUE |
| 3. NAME OF (First) (Middle) DECEASED | (Lest) 4. DATE (Month) (Dey) (Yest) |
| (Type or Print) JAMES M. | RIGNEY DEATH JANUARY 13 19 56 |
| S. SEX 6 COLOR OR 7. SINGLE, MARRIED, 8. | DATE OF BIRTH 9 AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 8 |
| Male White Specify Single Ar | oril 19, 1928 27 yrs. Months Days Hours M |
| 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| done during most of working life, even if retired! Laborer-warehouse Can company | Baltimore, Maryland U. S. A. |
| 3. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| George E. Rigney | Cecelia Clark |
| S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY | |
| Yes, no, or unity (if Yes, give war or dates of service) 218-22-6627 | Clin.Rec., Vet.Adm. Hosp., Fort Howard, M |
| | AL CERTIFICATION INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) ACUTE IN | MPHATIC LEUKENTA 5 WEEKS |
| ANTECEDENT CAUSE(S) DUE TO | |
| DISEASES OR CONDITIONS, IF ANY, (B) | |
| STATING UNDERLYING CAUSE LAST, DUE TO | |
| IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 2D. AUTOPSY? YES NO |
| Pla. ACCIDENT WAS UNDER.YING 21b PLACE (Home, ferm, fectory, or contributing CAUSE OF DEATH OF INJURY street, office bidg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) |
| ild. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While - Not white | |

A15C 1-55 10M

REC'D BY REGISTRAR

8

This composition the date stated above. DATE SIGNED KRAMER /고뇨/56 MARYLAND

M.D. M.D. VAH FO WARD C. KR BURIAL, CREMATION, REMOVAL (SPECIFY) -56 SIGNATURE Burial

REGISTRAR'S

New Cathedral

Cemetery Baltimore, 25. FUNERAL DIRECTOR'S SIGNATURE Maryland ADDRESS (Stete)

EOCATION (City, town, or county)

Wm. Cook-Blight. Inc. 6009 Harford Rd. Balto Md DATE

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician. 0

. 하.

72 hours after death. After

the registrar within by the funeral

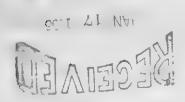
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director, the third copy

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executed within 24 Frans affer

law requires that the death NSTRUCTION



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| N | 71.40 | 100 |

| GOO CERTIFICAT. | E OF DEATH Reg. Dist | . No. |
|--|--|---------------------------------|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASE | D; |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSE: | dys. TOWN Baltimore City STREET (If rural give location) 20 N. Calhoun St | Balte., Md. |
| 3. NAME OF (First) (Middle) DECEASED: | QF | Day) (Year) |
| | DEATH: Jan. 22 FOF BIRTH: 9. AGE last birthday is under the second of th | Days Hours Min. |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| Unknown 13 WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates Unknown of service) 10 Known | unknown 17. INFORMANT & ADDRESS: Sprigg Grove Hospital records | |
| 18. MEDICAL CERTIFICA | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| IMMEDIATE CAUSE (A)Cerebral | vascular accident | one day |
| The second secon | Mellitus | years |
| IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | zed arteriosclerosis | years |
| 198. MAJOR FINDINGS OF OPERATIO | IN . | 20. AUTOPSY? |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor of the contribution of the | ., etc. INJURY OCCURT | ty) (State) |
| 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work | D 21F. HOW DID INJURY OCCUR? | |
| alive on Jan. 22 , 1956, and that death occurred at SIGNATURE FILL WELLEL 23. BURIAL CREMATION, DATE THEREOF NAME OF CEMENT THEREOFY NAME OF CEMENT THEREOFY OF | SI RIMPORESOVE STATE HOSPIAL M.D. Catchsville 28 Md. TERY OF CREMATORY LOCATION (City, town, or Location (City, or L | stated above. TE SIGNED 1-25-56 |
| REGISTRAR REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |

VS. A15-

Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDI

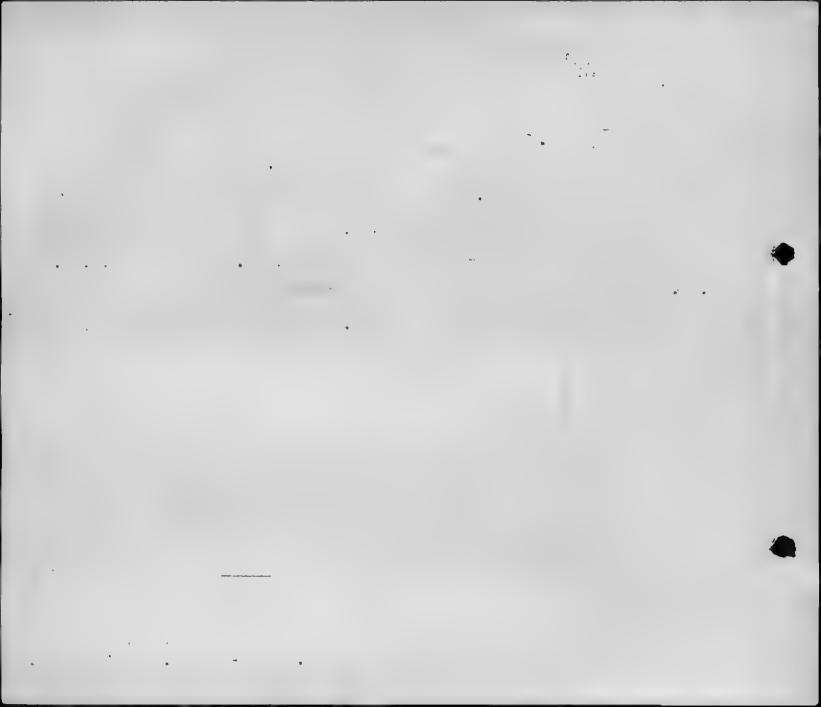
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BUREAU V. S.

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| | PLEASE WRITE PLAINLY, WITH UNFADING INK. Surage is especially important. Physicians: please wr |
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| A15 | PLL |

| MEDICAL EXAMI | NER'S CER | TIFICATI | E OF DEATH | I No. | | |
|---|---|-----------------------------------|---|------------------------------|--|--|
| . PLACE OF DEATH: | | , 2. USUAL RESIDE | NCE (HOME) OF DECEASED: | | | |
| COUNTY Baltimore | STATE Marv | land county Billian | all Wall | | | |
| CITY (If outside corporate limits, write RU) | MARYLAND RAL LENGTH OF STAY | | corporate limits write RURAL | | | |
| OR and Rurarst tow Baltimor | (in this place) | AP. | timore | , | | |
| HOSPITAL OR Bethlehem Steel | | STREET | (If rural, give locati E. Arlington Avenu | on) | | |
| NAME OF (First) DECEASED: | (Middle) | (Last) | | (Day) (Year) | | |
| (Type or Print) Presentin | | Roberts | DEATH - | 20 19 55 | | |
| SEX: 6. COLOR OR 7. SINGLE WIDO (Specif | E, MARRIED, 8. DAT WED DIVORCED SO DI F): Married So Di | E OF BIRTH: | 9. AGE lest birthday: IF UNDE | | | |
| | | | E (State or foreign country): | 12. CITIZEN OF WHAT | | |
| Om. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Shipping C. | industry: erk - Steel | Berklev | | U.S. A. | | |
| 8. FATHER'S NAME: | | 14. MOTHER'S MAIDEN NAME: | | | | |
| H. R. Roberts | | filterna | Annie Nora Pie | rce | | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY No.: | 17. INFORMANT & | ADDRESS: | Ave. | | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) W W | Yes | Mrs. Mildr | ed Lee Roberts | | | |
| | 18. MEDIO | CAL CERTIFICATION | | INTERVAL BETWEEN | | |
| . DISEASES OR CONDITIONS DIRECTLY LI + L . Immediate cause (a) DUE TO | , | rtic Stenosis | , Marked | ONSET AND DEATH | | |
| Antecedent cause(s) | | | | | | |
| Diseases or conditions, if any. (b) giving rise to the above cause DUE TO |) () | * * * * * * * * * * * * * * | re yet grit i defendin ere e i i filos (ter | 1 0300 02 184 E AS 0 00000EB | | |
| stating underlying cause last (c) | | • | | | | |
| L OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA | TO THE Enact | red Right Ar | ikle | | | |
| 9a. DATE OF OPERATION: 19b. MAJOR F | INDING OF OPERATION: | | | 20. AUTOPSY? Yes 11 No 🗆 | | |
| PRIMARY Or CONTRIBUTING | PLACE (Home, farm, factor) OF street, office bldg., etc NJURY | y, 21c. (City or to | wn) (County) | (State) | | |
| Id. TIME (Month) (Day) (Year) (Hour) 1 OF INJURY M. | | 21f. HOW DID | INJURY OCCUR? | | | |
| 22. I herchy certify that I took charg | | ibed above, held a | n Autopsy . Inspection | □. Inquiry □ and | | |
| find that death resulted from: Na | | ident □, Suicide CHIEI DEPU | , Homicide , Und F MEDICAL EXAMINER TY MEDICAL EXAMINER | etermined cause | | |
| S. BURIAL CREMATION. DATE THERE | OF LUANT OF CENTER | M. D. ASSIS | ETANT MEDICAL EXAM, LOCATION (City, town, o | 1/20/56 (State) | | |
| s. Burial Cremation. Date there 1/23/56 | | Cemetery | Frederick, Mo | | | |
| DATE REC'D BY LOCAL REGISTRAR'S | | John A. | PECTOR -3000 E. B | ADDRESS | | |
| 122136 111 | 1 Hearisch | - Usa | - 3 - Mo | | | |

VS. A15A - 5 - 53



S.Y ULLUS

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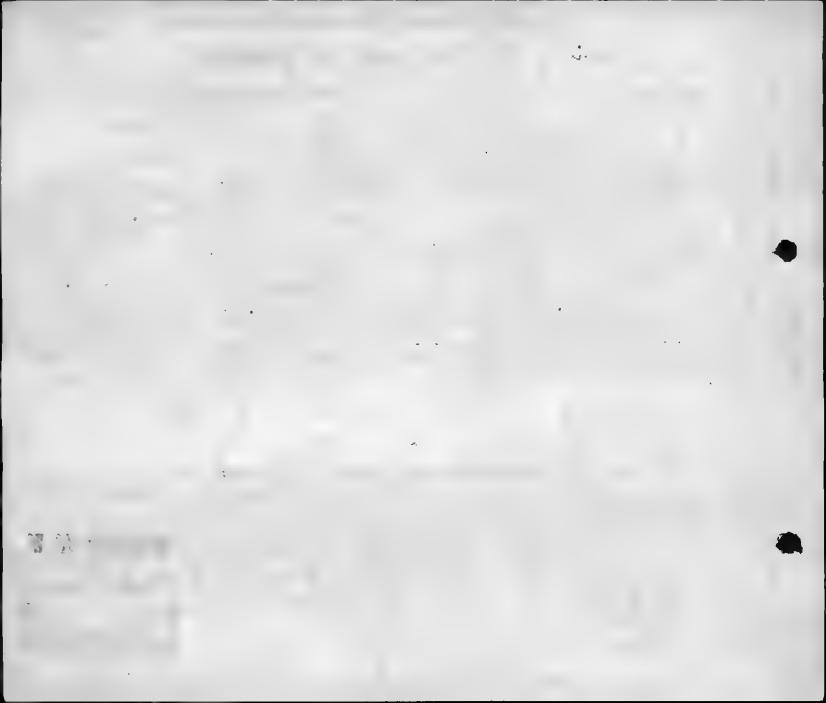
ATTENDING PHYSICIAN OR HUSFITAL: The law require the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the denth cartificate be filed

METRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

| 1_ | 361 | CEKI | IFICAT | | DEAI | | Reg. Dist. | No. |
|---------------------------|---|---|---------------------------------|--|----------------------|------------------|---------------------------|------------|
| 1, | PLACE OF DEATH | | | 2. USUA1 | RESIDENCE | | | |
| | COUNTY Baltimore | | MARYLAND | STATE | Marylar | 1d county | | |
| | CITY (If outside corporate limits, write R | URAL | LENGTH OF STAY | | outside corporate li | | | st town) |
| | TOWN Catonsvill | .e | (in this place) | TOWN | Baltin | ore | | 3 V |
| | HOSPITAL OR Daughters | of the Buc | harist | STREET | | (If curel g | ive location) | |
| | STREET ADDRESS Recedo Kno | 11. 601 Ma | iden Choice | Lane | | . Wash: | | |
| | NAME OF (First) | (Mid | die) | (Lost) | - | DATE (Mo | onthj | (Dey) |
| | (Type or Print) LULA | | | ROSAZZ | | | Jan. | 3. |
| S. | RACE | . SINGLE, MARRIED, WIDOWED, DIVOR | | | 9. A | GE lest birthdey | Months | YEAR IF |
| fem | lale white | (Specify) Si Tig | | | (State or foreign co | ut 70% | | CITIZEN O |
| | done during most of working life, even i | if OR IND | USTRY | | | | | COUNTRY |
| 13. F | retired never employ | eal | | Baltii | nore. Ma | ryland | | LS.A |
| , | John E. R | 058778 | | | ary L. | | | |
| 15. \ | WAS DECEASED EVER IN U. S. ARMED | | OCIAL SECURITY NO. | | ORMANT & ADDRE | SS | | גום |
| (Yes, | no, or unk.) (If Yes, give wer or detes | of service) | | Mari | lon A. F | doineki | 1. 351 | Bld Equ |
| | | | 18. MEDICAL CE | يدبب والمساورة والمساورة والمساورة والمساورة | 1011 111 1 | TPTIIOV- | - 9 | INTERVA |
| II DI | ISEASES OR CONDITIONS DIRECTLY LEA | | | 1 | - | | | ONSET |
| | | -04 | naly of | celus | w. | / " | | MILLER |
| DISEA | Will respect towards | (B) Carli | n. Vaseu | love. Die | earl C | Hyprul | win | 34 |
| GIVIN | NO DICE TO THE AROVE CALLED | E TO | | | | 100 | | |
| | | (C) | | | | | | |
| I TT O | THE DEATH BUT NOT RELATED TO THE SEASE OF CONDITION CAUSING DEATH | | | | | | į | |
| TC | | MAJOR FINDINGS OF | OPERATION | | | | | 20. A |
| TC | | | | | | 1/2 | | YES |
| I9e. I | ACCIDENT WAS INDEDIVING TO L | III DIACE (No.) | - francis | DIA WHITEE DID I | | ity of town) | (County | 1 |
| 19e. (| ACCIDENT WAS UNDERLYING 1 2 | 21b PLACE (Homa, fa DF INJURY street, office | orm, fectory, bldg., etc.) | 21c. WHERE DID I | NJURT OCCUR? (C | | | |
| 19e. (| ACCIDENT WAS UNDERLYING [] 2 ONTRIBUTING [] CAUSE OF DEATH IHER, NOTIFY MEDICAL EXAMINER] COMMENTED THE CONTROL OF T | OF INJURY street, office ar) (Hour) 21e. INJ | URY OCCURRED | 21c, WHERE DID II | | | | |
| 19e. (| ONTRIBUTING [] CAUSE OF DEATH C | OF INJURY street, office | bldg., etc.) | | | | | |
| Ige. I | ONTRIBUTING CAUSE OF DEATH CHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY (Month) (Day) (Ye I hereby certify that I atter | ar) (Hour) Zie. INJ While M. et work | URY OCCURED Not while at work | 211, HOW DID R | JURY OCCUR? | 19.57 | | |
| Ige. I | ONTRIBUTING CAUSE OF DEATH CHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY (Month) (Day) (Ye I hereby certify that I atter | ar) (Hour) Zie. INJ While M. et work | URY OCCURRED Not while at work | 211, HOW DID R | , to / 3 | s and on the | date stated | |
| Ige. I | I hereby certify that I atter alive on 19 % | of INJURY street, office and (Hour) 21e. INJ While M. et work anded the deceased and the | URY OCCURED Not while at work | 211, HOW DID R | to / 3 | s and on the | date stated | |
| 21a. OR CO (IF EIT 21d. 1 | I hereby certify that I atter alive on 19 % | of INJURY street, office and (Hour) 21e. INJ While M. et work anded the deceased many and the | URY OCCURED Not while at work | 211, HOW DID R | , to 3 | s and on the | date stated wn, stete) | above. |



The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

TO FUNERAL DIRECTOR: The law requires that the death certificate be liled with the registrar within 7 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

00353

Reg. Dist. No.

291

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|---|---|
| COUNTY RALTO, MARYLAND | STATE MEL COUNTY BALTO |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | CITY (If outside corporate limits, write RURAL and give neerast town) |
| OR and give nearest town) YOWN (in this place) | TOWN DUNDER 1 |
| HOSPITAL OR | STREET (Ill rural give focation) |
| INSTITUTION OR 1/ | STREEY (Ill rural give focation) ADDRESS |
| STREET ADDRESS 102 VENTNOR TERRACE | 1 16+ LENTNER PERHACE |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Dey) (Year) |
| (Type or Print) 111984 HALLITA KI | SM US DEATH 1-31- 1056 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE | |
| RACE WIDOWED, DIVORCED, (Specify) N. D. NED OF T | 72 1840 64 Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| done during/most of working life, even # OR INDUSTRY | COUNTRY? |
| //EVSEIVIEE_ | CZECHUSLOVAKI VISIA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| MICHAEL HOLDTA | MIARY () III OU FRO |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS 64 11 100 100 |
| (Yes, neportuph.) (if Yes, give wer or dates of service) | JEAN C. MILLER DUNDOLV |
| 18. MEDICAL CI | ERTIFICATION INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) CECCOCCO | Oceleren Phone |
| ANTECEDENT CAUSE(S) DUE TO | |
| DISEASES OR CONDITIONS, IF ANY, (B) | |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO | |
| (C) | |
| TO THE DEATH BUT NOT RELATED TO THE | Million Le yes- |
| DISEASE OR CONDITION CAUSING DEATH. | Millities Le yes- |
| 196. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Tarm, Factory, | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| [IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED | 216. HOW DID INJURY OCCUR? |
| M. at work at work | THE HORE DID HOURS OCCORT |
| | |
| 22. I hereby certify that I attended the deceased from. | to 19 5, to that I last saw the deceased |
| alive on 1 19 3 cm., and that death occurred | at |
| SIGNATURE O D D D | ADDRESS (Street, city (Bwn, stete) DATE SIGNED |
| facts Clarelleus M.O. | 4/ Cenship fel Dalf 2 2 1-31-56 |
| 23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O | R CREMATORY LOCATION (City, town, pr county) (State) |
| 1 BURIAL 2-4-56 LLUYD | FUENS BURG - YEA'ND |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
| 7 2 2 956 Vy 02 : m. 7 00 | Mit had Buller la dell med |
| DATE Tile 2 (100) Philiam 1) / Clay | HAMIN HAMIN KELDUCK ! NACHARINAL 1 1 1 1 1 1 |

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BUNDE

MARGIN RESERVED

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1. PLACE OF DEATH-

HOSPITAL OR INSTITUTION OR STREET ADDRESS

ALBERT

service)

Immediate cause

givo nearest town)

COUNTY

TOWN

3. NAME OF

DECEASED

21. ACCIDENT

INJURY

alive on 1 - 14

SIGNATURE

23. BURIAL, CREMATION

DATE REC'D BY LOCAL

LIREMOVAL (Specify)

SUICIDE HOMICIDE

(Type or Print)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00354

CERTIFICATE OF DEATH Reg. Dist. No. 38 TOWSON 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY CITY (If outside corporate limits, write RURAL and MARYLAND MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) OR MOSWO YETINS TOWN STREET (If rural, give location) -JOPPA ROAD (First) (Middle) 4. DATE (Last) (Month) (Year) (Day) EE ERMAN 1956 OWELL DEATH JANUARY 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED COLOR OR RACE 9. AGE last hirthday If under I year | If under 24 hrs. Months | Days | Hours | Min. 10m. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)

SAFETY EVELVER

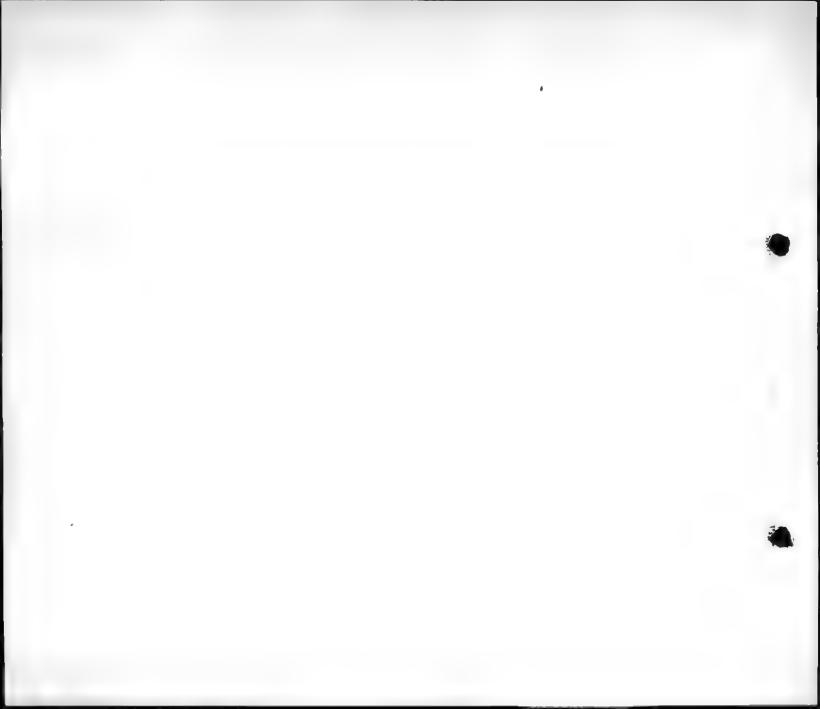
B. FATHER'S NAME COUNTRY? N.C. GARYSBURG. US 14. MOTHER'S MAIDEN NAME ROWERL TORDAN 15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. AND ADDRESS (Yas no, or unknown) | (If yes, give any opplates of 241-38-2051 MRS. GLIZABETH RONELL 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE W. MYOCARDIAL INFARCTION WINVIES Antecedent cause(s) CORONARY OCCLUSION 30 MINUTES Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) ARTERIOSCLEROTIC CORONARY YEARS DISEASE 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 Yes [] No 🗆 (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Work П At work | 22. I hereby certify that I attended the deceased from .2 195 that I last saw the deceased and that death occurred at 9:00 (Degree or title) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS

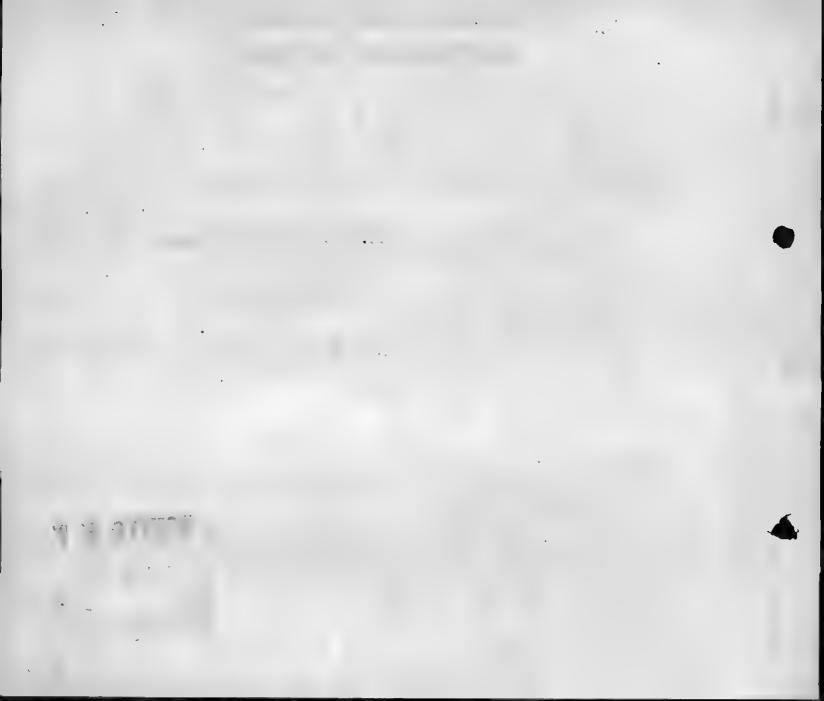
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2 .V U.

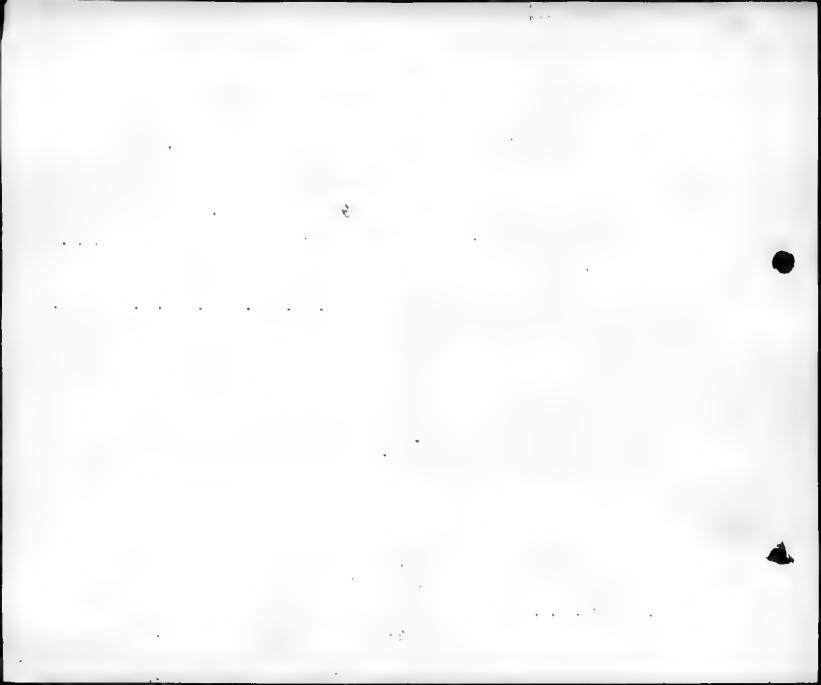






REGISTRAR

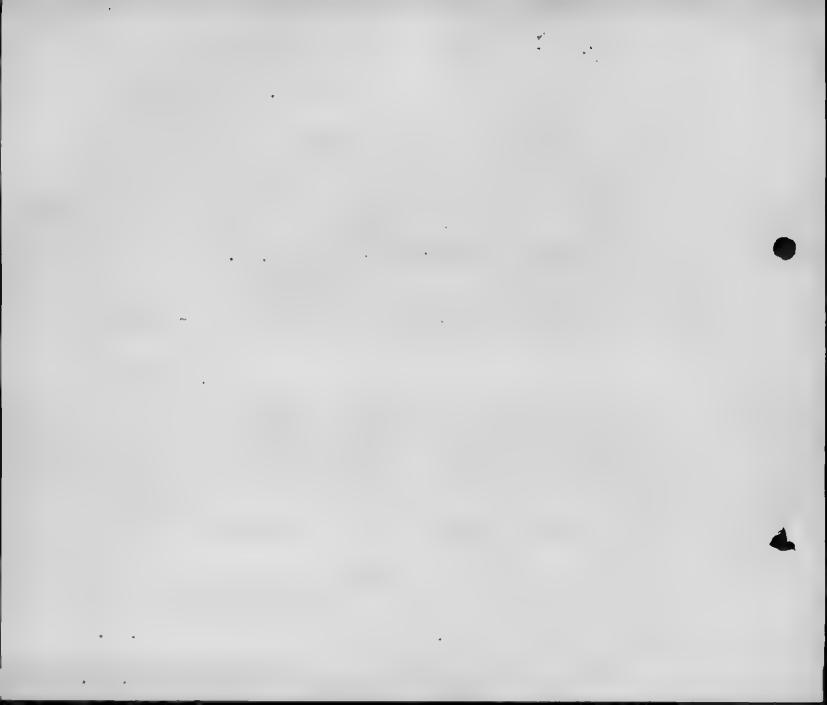




90

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore Baltimore Md. COUNTY COUNTY MARYLAND STATE CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate hmits write RURAL and give nearest town) OR and give nearest town) TOWN Ran dalls town (in this place) TOWN Ran dalls town HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS Old Court Road Old Court Road STREET ADDRESS (First) (Middle) (Last) 8. NAME OF 4. DATE (Month) (Day) (Year) DECEASED SCHISLET UAN (Type or Print) DEATH 19.77 アイノル 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 19. AGE fast birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. 5. SEX: WIDOWED, DIVORCED, Monthsl (Specify): Married July 12, 1886 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION (Give kind of 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? even if retired): Yeast maker Calvert Distillers | Hebbville, Md. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Th lan own Louis Schisler 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 17. INFORMANT & ADDRESS: 16, SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of Katie Snyder Schisler - Old Court Road No service) 216-03-8441 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH; ONSET AND DEATH D11. .. Immédiate cause Antecedent cause(s) (b) .. Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: ! 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes 🗌 No 🛭 218 EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, (State) PRIMARY N or CONTRIBUTING CAUSE OF DEATH. OF street, office bldg., etc., INJURY -AL + + + LL 21f. HOW DID INJURY OCC 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while TUTED CLUST work at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [] / Inquiry R., and find that death resulted from: Natural causes [, Accident [] , Suicide [] , Homicide [] , Undetermined cause [] . CHIEF MEDICAL EXAMINER SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF REMOVAL (Specify) Mt. Olive Cametary Ran dalls town. Md. REGISTRAR'S SIGNATURE ADDRESS DATE REC'D BY LUCAL

Ellsworth Armacost - 4600 Liberty Hights.



ADDRESTto.Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

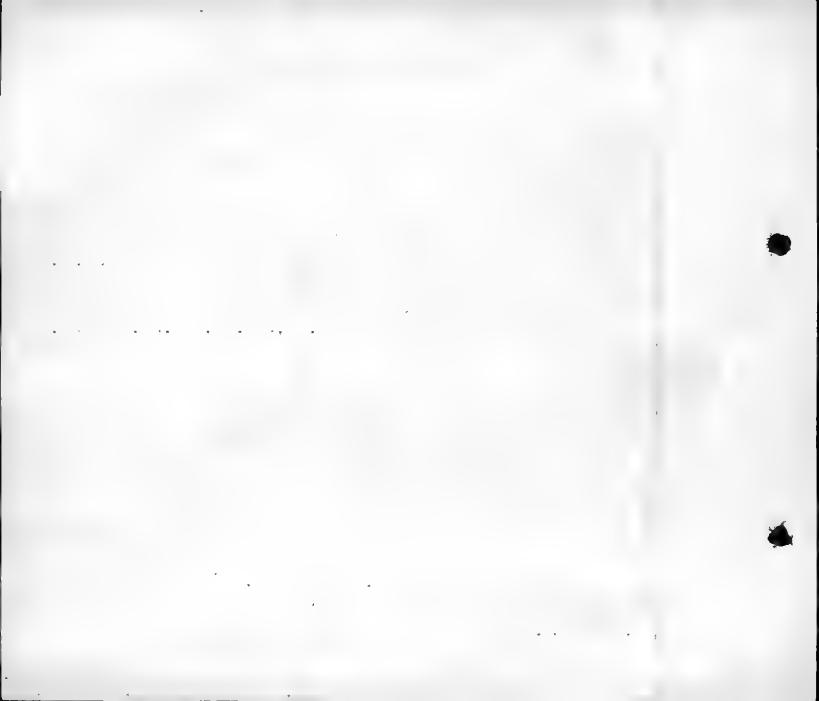
CERTIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (HOME) OF OECEASED 1. PLACE OF DEATH BALTIMORE STATE MARYLAND COUNTY MARYLAND COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY: If outside corporate limits, write RURAL and give nearest town) (in this place) and give nearest town) / TOWN FORT HOWARD HOURS HOSPITAL OR STREET If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESSETERANS ADMINISTRATION HOSPITAL 112 OSBORNE AVENUE 4. DATE (Month) (Year) 3. NAME OF (Day) DECEASED: DEATH JANUARY 1956 SCHOBERG CHARLES a. (Type or Print) 6. COLOR OR | 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 5. SEX: 9. AGE last birthday! IF UNDER 1 YEAR! IF UNDER 24 MRs. RACE: WIDOWED, DIVORCED, Months | Days Hours I (Specify): VΓs. WHITE MATE 108 KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT IOA. USUAL OCCUPATION (Give kind of) work done during most of working life. even if retired): Clerk OR INDUSTRY: COUNTRY! Cigar Counter Baltimore, Maryland Supply 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME: Herman Schoberg Rose Gardner 17. INFORMANT & AODRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. Yes, no, or unk.) (If Yes, give war or dates of service) PTE 218-03-3128 Clin.Rec., Vet. Adm. Hosp., Ft. Howard, Md. Se 18. MEDICAL CERTIFICATION INTERVAL BETWEEN MARGIN RESERVED ADING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH RHEUMATIC ENDOCARDITIS WITH MITRAL IMMEDIATE CAUSE MAKAKAK STENOSTS UNKNOWN ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CEATH BUT NOT RELATED TO THE PLAINLY ACUTE PULMONARY EDEMA DISEASE OR CONDITION CAUSING OFATH. _ 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c, WHERE DID (City or town) (State) OR CONTRIBUTING CAUSE OF CEATH OF INJURY street, office bldg., etc. INJURY OCCUR? WRITE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) Not while OF INJURY H-15PM OR TYPE positive converge converge, and that death occurred at 9:45PM, from the causes and on the date stated above. SIGNATURE M. D. VAH. FORT HOWARD, MARYLAND Donald D. Mark SE 23. BURIAL, CREMATION, DATE THEREOF LOCATION (City, town, or county) PLEA Burial (SPECIFY) Jan 26, 1956 Holy Cross Cemetery Baltimore, Maryland

24. FUNERAL DIRECTOR

Henry W. Mears & Sons 805 N. Calvert St.

OATE REC'D BY, LOCAL

REGISTRAR'S



INSTRUCTIONS

1

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

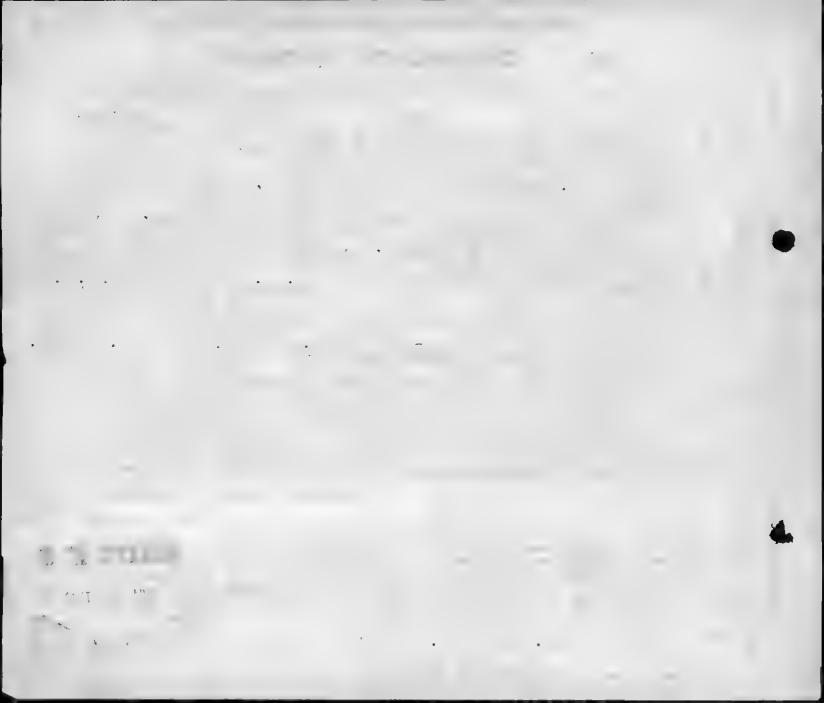
00361

269

CERTIFICATE OF DEATH

Reg. Dist. No.

| | 1. PLACE OF DEATH | | 2. USUAL RESIDEN | CE (HOME) OF DECEA | SED | | | |
|-----------|--|--|---------------------------------|----------------------------------|--|--|--|--|
| | COUNTY Raltimore | MARYLAND | STATE Maryla | nd county Ba | ltimore | | | |
| | CITY (If outside corporate limits, write RURAL OR and give nearest town) | LENGTH OF STAY (in this place) | CITY (If outside corpor | ele limits, write RURAL end give | neerest town) | | | |
| | TOWN Perry Hall | | TOWN | rv Hall | | | | |
| | HOSPITAL OR | STREET | (If rurel give local | ion) | | | | |
| | INSTITUTION OR STREET ADDRESS | , | ADDRESS | town Dood | | | | |
| | E Joppa Road | (Middle) | (Lest) | Joppa Road 4. DATE (Month) | (Dey) (Yeer) | | | |
| | DECEASED (Supplemental Action of Principlemental Action of Principleme | , , , , | () | OF | | | | |
| | - Yed Frederick | Christian | Schwertz | DEATH .Tan. | 23, 19 56 | | | |
| | RACE WIDOWED, I | RRIED, B. DATE | OF BIKTH S | AGE lest birthdey IF Ut | NDER 1 YEAR IF UNDER 24 HRS hs Devs Hours I Min. | | | |
| | Male White (Specify) M. | arried Dec. | 29. 1905 | 50 уп. | its Deys Min. | | | |
| | 10a, USUAL OCCUPATION (Give kind of work 10b, 1 | CIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreig | in country) | 12. CITIZEN OF WHAT | | | |
| 1 | antin all | lorist | Balto. Wd. | | U. S. A. | | | |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | IAME | 1 0 2 0 11 11 | | | |
| | Herman Schwartz | | Canal | ine Dietz | | | | |
| | | 16. SOCIAL SECURITY NO. | 17. INFORMANT & A | | | | | |
| | (Yes, no, or unk.) (If Yes, give war or dates of service) | | | | 71 Y 71-3 | | | |
| | No I | 218-32-0978 | | e M. Schwartz | | | | |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | | | |
| | IMMEDIATE CAUSE (A) | oronam a | rlegy Draway | & Manhon | 1 weak. | | | |
| | IMMEDIATE CAUSE (A) Coronary artery drawage (hrankess / Week, | | | | | | | |
| | DISEASES OF CONDITIONS IF ANY IST | oronay a | clerosio | | | | | |
| | GIVING RISE TO THE ABOVE CAUSE DUE TO | 7 | | | | | | |
| | (C) | | | | | | | |
| | TO THE DEATH BUT NOT RELATED TO THE | | | | | | | |
| | DISEASE OR CONDITION CAUSING DEATH. | | | | | | | |
| | 19a. DATE OF OPERATION 19b. MAJOR FINDING | S OF OPERATION | | | 20. AUTOPSY? | | | |
| | The ACCIDENT WAS UNDERLYING STATE OF DEACH WAS | | | | YES NO | | | |
| | 216. ACCIDENT WAS UNDERLYING 21b. PLACE (Ho OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER) | me, form, factory, , office bldg., etc.) | 21c. WHERE DID INJURY OCCUR | ? (City or town) (| County) (State) | | | |
| | | le. INJURY OCCURRED | 21. HOW DID INJURY OCCUR | ? | | | | |
| | | work et work | | | | | | |
| | 22. I hereby certify that I attended the dec | eased from | 19:30 10 Jan | 123 1056 th | at Llast saw the deceased | | | |
| | alive on Jane 14 19 57- ar | 22. I hereby certify that I attended the deceased from | | | | | | |
| 10M | SIGNATURE | | ADDR | ESS (Street, city, lown, state | PATE SIGNED | | | |
| | 10 Dranding | M.D. | 3805B | clair Pd Br | ex m/ Jun 24/ | | | |
| A15C 1-55 | 23. BURIAL, CREMATION, PREMOVAL (SPECIFY) | NAME OF CEMETERY OF | CREMATORY | LOCATION (City, lown, or ec | punty) (State) | | | |
| Y | Burial Jan. 26.195 | 6 St. Michael | is Lutheran | Baltimore | . Md. | | | |
| 10 | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUL | RE | 25. FUNERAL DIRECTOR'S | SIGNATURE | ADDRESS | | | |
| > | | . 4. 4. | 0 11 | 1 1 | 01 01 | | | |



KIAN OR HOSPITAL: The law requires that the death

ATTENDING PHY

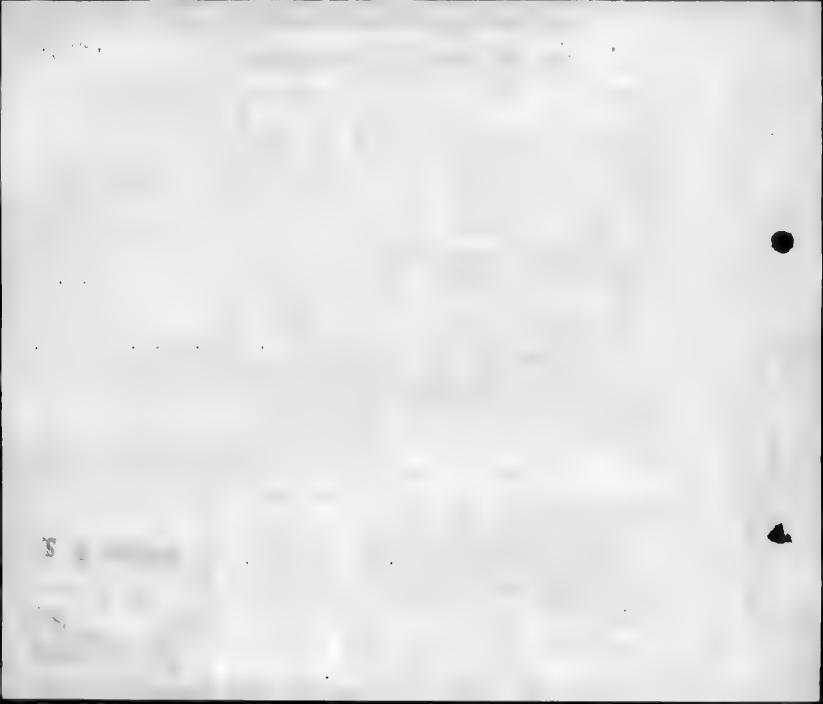
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00362

370 CERTIFICATE OF DEATH

Reg. Dist. No. ..

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
|--|--|----------|
| COUNTY Baltimore MARYLAND | STATE Maryland COUNTY | |
| CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end give neeres) town) | CITY (If outside corporete limits, write RURAL end give necrest town) | |
| OR end give neerest town (in this place) TOWN Fort Howard 37 Days | TOWN Baltimore (Arbutus) | |
| HOSPITAL OR | STREET (If ruret give location) | |
| STREET ADDRESS Veterans Administration Hospi | tal ADDRESS 1106 Sulphur Spring Road | |
| 3. NAME OF (First) (Middle) | | aer) |
| MAZECULU | OF | aet) |
| (Type of Print) VERNON | | 56 |
| 5. SEX 6 COLOR OR 7. SINGLE, MARRIED, 8. D. RACE WIDOWED, DIVORCED, | ATE OF SIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 1 Months Devs Hours | |
| Male Colored (Specify) Married Aug | gust 8, 1894 61 yrs. Months | 1 (44) |
| 10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WI | HAT |
| done during most of working life, even if retired) Chauffeur Paper Box Co. | Halethorpe, Maryland U. S. A. | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Henry Scott | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO | Hannah MN: Unknown D. 17. INFORMANT & ADDRESS | |
| IYes, no, or unk.) (If Yes, give war or detes of service) | | |
| ies www.i Unknown | Clin.Rec.Vet.Adm.Hosp.Ft. Howard, 2 | ld. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | CERTIFICATION INTERVAL BET ONSET AND | |
| CARCINOMA OF T | HE LEFT ORBIT WITH METASTASIS 1 YEAR | |
| IMMEDIATE CAOSE (A) | | |
| VILIECTORIAL CHOSE(2) | LVERC | |
| DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO | | |
| STATING UNDERLYING CAUSE LAST, | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTO | PSY? |
| | YES <u>₩</u> N | 10 🗌 |
| 21e. ACCIDENT WAS UNDERLYING ☐ 21b PLACE (Home, ferm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Sie | te) |
| 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED White M. Hor work et work | 21f. HOW DID INJURY OCCUR? | |
| | 30, 19.55, to Jan. 6 | etense |
| nliver occouration to the death occurred that death occurred | ed at 1:25AM, from the causes and on the date stated above. | |
| BIGNATURE (11/4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ | ADDRESS (Street, city, lown, stele) DATE S | BIGNE |
| Donald D. Mark, M. D. Wile M.o. | | |
| 23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETER | Y OR CREMATORY LOCATION City, lown, or county) | (Stete) |
| Burial Burial Now 9,1956 Wellow | War. Com. Calonwille File. | |
| 24. / RECTO BY REGISTRAR REGISTRARYS SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS | TO 60 PA |
| JAN J JJ | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Balti | more |
| DATE Varison il or ther | Mrs. KatieR. Williams, 322 N. Schroeder S | t. |
| | Mrs Kote R. Williams 322 N. Schroed | un |



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

VS. A15 - 10 - 53

| MARYLAND STATE DEPARTMENT | F OF HEALTH DALTIMODE 10 | 00000 |
|--|--|-----------------------|
| 271 | | 00363 |
| CERTIFICATE | OF DEATH Reg. Dist. | No. 30 |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED | ; |
| COUNTY BREATHER MARYLAND | STATE Manylind COUNTY | |
| OR and give nearest town (in this place) TOWN Who will W Ste Net 16 1453 | CITYIII butside cochorate limits, write RURAL at OR TOWN Baltune 73 | id give nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring from Hospital | STREET (If rural give location) ADDRESS 2818, Frederick | tre / |
| S. NAME OF (First) () (Middle) (I DECEASED (Type or Print) CARLLINE K S. | PIDDEL OF DE | (Year) |
| The state of the s | OF BIRTH: 9. AGE last birthday in under from Months De | |
| Work done during most of working life. even if retird): | 11. BIRTHPLACE (State of foreign country): 12. | COUNTRY? |
| 13. FATHER'S NAME. | 14. MOTHER'S MAIDEN NAME: | |
| IS. WAS DECEASED EAR IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: | |
| (Yes, ng, or unk) iff Yes, give war or dates of service) | HELI WILL SUBACK-15184 | 11/1/11/11/11 |
| 18. MEDICAL CERTIFICATION | ON | INTERVAL BETWEEN |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) Bilateral p | leural effusions | |
| ANTECEDENT CAUSE (8) | | |
| DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DECOMPORISATE DUE TO | ory heart disease | |
| | rotic cardiovascular disease | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | | 20 411705014 |
| | | 20. AUTOPSY? |
| 21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., e | etc. INJURY OCCUR? | y) (State) |
| OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 12.16 | , 1953, to 1. 21 , 1950, that I last | |
| alive on 1,21, 1955, and that death occurred at signature Becker | State of the state | tated above. |
| 28. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER | | county), (State) |
| Vereal Varo: 3/56 houdou | Mark Malleiens | Mul |
| DATE REC'D BY LOCAL REGISTRAR'S GIGNATURE | PUNERAL DIRECTOR | ADDRESS |

TOSCIANTE

VS A15C 1-55 10H

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00364

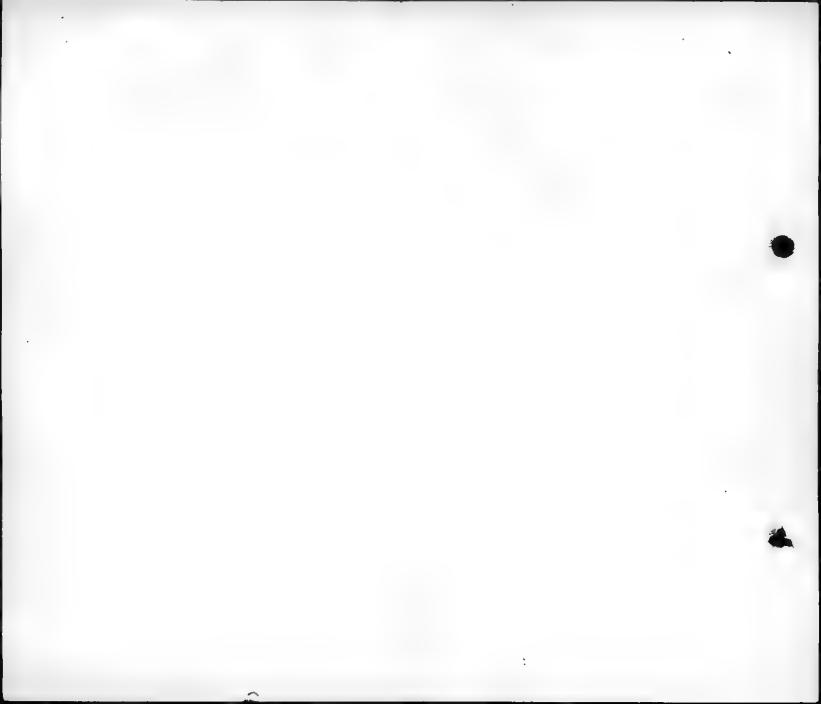
CERTIFICATE OF 372 DEATH

| | Reg. Dist. No | | | | |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | | |
| COUNTY BALTIMORE MARYLAND | STATE Md. COUNTY BALTIMORE | | | | |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and glys_neerest town) (In this place) | CITY (If outside corporate limits, write RURAL and give neerest town) OR | | | | |
| TOWN CATONSULLE BYRS. | TOWN CATONSUILLE | | | | |
| HOSPITAL OR INSTITUTION OR | STREET ADDRESS (If rural give location) | | | | |
| STREET ADDRESS 504 FOREST LANE | 504 MOREST LANE | | | | |
| 3. NAME OF (First) (Middle) | (Lest) 4. DATE (Month) (Day) (Yeer) | | | | |
| (Type or Print) ANNE ELAINE DR | 11Th DEATH DAN. 24 1056 | | | | |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF | The state of the s | | | | |
| MEMALE WhITE Specify, MARRIED MAY | 22 1924 3/ yrs. Months Days Hours Min. | | | | |
| done during most of working life, even if OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | | |
| Housewife Domestic | MARXLAND U.SH. | | | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | |
| Edgar Hilditch | MARY MLYNN | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] (If Yes, give wer or detes of service) | 17. INFORMANT & ADDRESS | | | | |
| NO NONE 219-12-7876 | EARL Smith 504 HOREST LANE. | | | | |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION INTERVAL BETWEEN ONSET AND DEATH | | | | |
| IMMEDIATE CAUSE (A) Plutamels | Mylail 13 Months | | | | |
| ANTECEDENT CAUSE(S) DUE TO | 0 | | | | |
| DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOYE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | | | | |
| (C) | | | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| DISEASE OR CONDITION CAUSING DEATH | | | | | |
| 178. DATE OF OPERATION | 20. AUTOPSY? YES NO | | | | |
| OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., atc.) | 1c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | | | | |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 1 | ZIF. HOW DID INJURY OCCUR? | | | | |
| M. While Not while at work at work | | | | | |
| 22. I hereby certify that I attended the deceased from 11/4 , 19/4 , to 1/3/4 , 19/56, that I last saw the deceased | | | | | |
| alive on 1, 2, 2, 19, 5, and that death occurred at: | 4/30 AM, from the causes and on the date stated above. | | | | |
| SIGNATURE 31/3 | ADDRESS (Street, city, town, stele) DATE SIGNED | | | | |
| 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR | Horester al area Vorth Mus 29 me 1/24/56 | | | | |
| REMOVAL (SPECIFY) | | | | | |
| 154RIAL 1-27-56 MESTER 24. REPO BY REGISTRAR REGISTRAR'S SIGNATURE | | | | | |
| 26. REGISTRAR S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | | |

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RESISTRAR



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director, the thirt col

TO FUNERAL DIRECTOR: The law requires that the death certificate be sed with the registrar within confical has been executed by the attending physician and complemely filled in by the funeral death certificate animally should be detacted for use as a burial transit marmit.

The bottom copy may be retained by the hospital or attending physician.

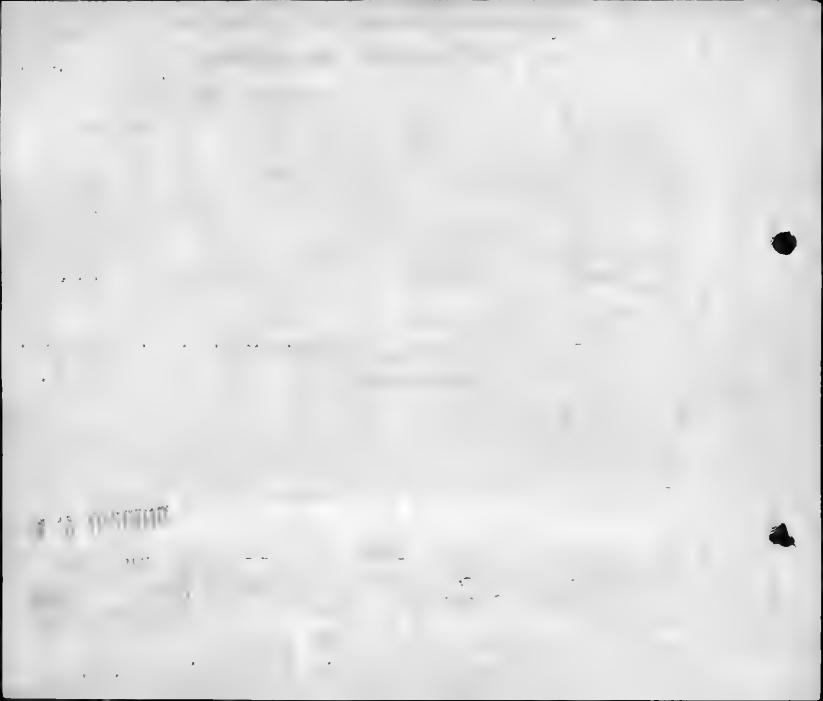
ATTENDING PHY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 374

00366

| П | 9 * * | | | Re | g. Dist. | No |
|-------|--|-----------------------------------|---|----------------------------------|---------------|------------------|
| 1 | 1. PLACE OF DEATH | | 2. USUAL RESIDEN | CE (HOME) OF DE | CEASED | |
| I | COUNTY BALTIMORE | MARYLAND | STATE MARY LA | ND COUNTY | · | |
| Ì | CITY (II outside corporate limits, write RURAL OR and give neatest town) TOWNFORT HOWARD | (in this place) 70 Days | CITY (II outside corpor OR TOWN ELKRID | ate limits, write RURAL on GE | d give neeres | I town) |
| ì | HOSPITAL OR | 1 | STREET | (il rurel give | e location) | |
| 1 | STREET ADDRESS VETERANS ADMINISTRA | TION HOSPITAL | ADDRESS 1711 L | evering Ave | nue | |
| ı | 3. NAME OF (First) (A | Aiddle) | (Last) | 4. DATE (Mont | h) (| Day) (Yeer) |
| 1 | (Type or Print) JOSEPH | | SMITH | реатн Ја | nuary | 6, 19 56 |
| ı | 5. SEX 6. COLOR OR 7. SINGLE, MARRIEL WIDOWED, DIVO | ORCED. | | . AGE last birthdey | IF UNDER 1 | |
| ı | MALE WHITE (Specify) MAR | RIED June 2 | 4, 1893 | 62 yrs. | Months | Days Hours M |
| , | done during most of working life, even H OR I | of Business noustry Company | 11. BIRTHPLACE (State or loreign Baltimore, M | - | 12, | COUNTRY? |
| 1 | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | - ' | |
| 1 | Jim Smith | | Unknown | | | |
| 1 | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. | 17. INFORMANT & A | DORESS | | |
| | (Yes, no, or unk.) (II Yes, give wer or dates of service) | nknown | Clin.Rec., | Vet.Adm.Hos | p.Fort | Howard, Md |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 18. MEDICAL CER | TIFICATION | | | INTERVAL BETWEEN |
| | · IMMEDIATE CAUSE (A)IYI | THATIC LEUKE | ATA | | | 16 Mes. |
| ١ | ANTECEDENT CAUSE(S) DUE TO | | | | | |
| | DISEASES OR CONDITIONS, # ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | | | | | |
| | TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | |
| , | 190. DATE OF OPERATION 196 MAJOR FINDINGS C | | | | | 20. AUTOPSY? |
|) | 12-2-55 CLOSED THO 210. ACCIDENT WAS UNDERLYING 21b PLACE (Home, | | INAGE To: WHERE DID INJURY OCCUR | 2 (City on town) | (County) | YES NO [Steta) |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of | fica bidg., atc.) | 211. HOW DID INJURY OCCUR | | (County) | (31014) |
| | While | Not while | ZII. NOW DID INJOKT DECOK | .1 | | |
| | 22. I hereby certify that Wattended the decease | | 150K to 1-6- | 56 13CX | +B6XXX | angouronees |
| ı | 20000000000000000000000000000000000000 | that death occurred at | 3:50 PM. from the co | auses and on the d | ate stated | above |
| WO. | SIGNATURE (CUB: C & | 11631 | ADDR | ESS (Street, city, town | | DATE SIGN |
| 100-1 | D NALD D. BARK | | H Ft. Howard, | | | 1/7/5 |
| ا ئ | 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) | NAME OF CEMETERY OR | CREMATORY | LOCATION (City, lown | , or county) | (Stala |
| 7 | Burial Jan 11, 1956 | Baltimore Na | tional Cemeter | | | |
| S | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 410 | Wm. Cook-Blig | | | oness Iome |



VS A15C 1-55 10M

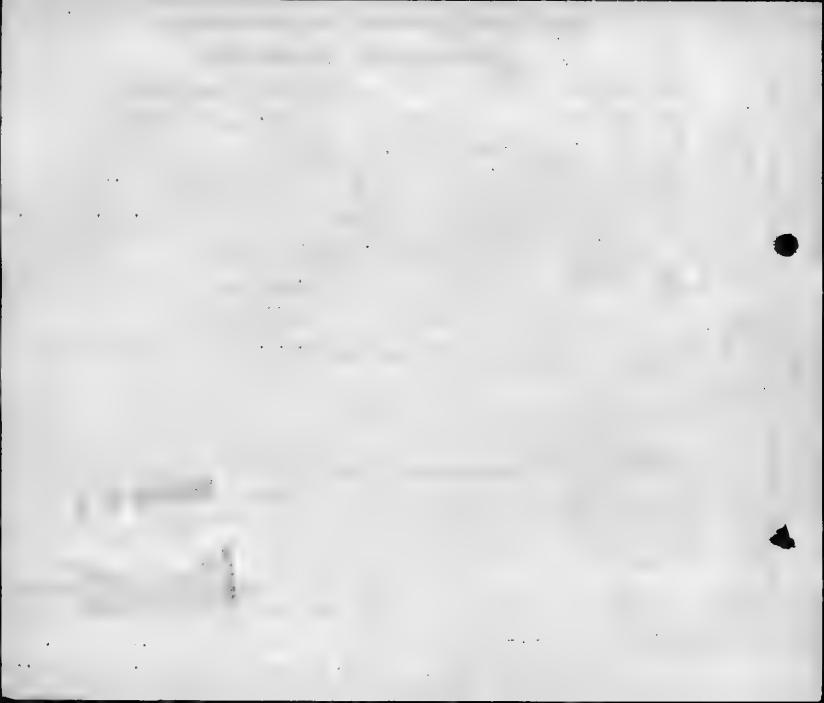
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3MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00367

CERTIFICATE OF DEATH

| | | CLRI | | | L OF | | | Reg. | Dist. No | 30 | , |
|--|--|--|----------------------------------|--|-----------------------|--------------------|----------------------|--------------|----------------|------------|-------|
| the state of the s | lrGlul 1-21- | -56 et | | | 1 2 MEHA | DESIDEN | CE (HOME) O | E DECE | ARED | | |
| | | | | | 2. 000% | | SE (NOME) O | | | | |
| | ltimore | | MARYL | | STATE | Md. | cou | | a Itim | | |
| OR end give no | corporate limits, write RURA serest town) | L | LENGTH OF (In this pl | | OR | it outside corpora | ata límits, write RU | (Al. and giv | e neerest town | } | |
| <u></u> | nsville G | ardens | 6 M | os. | TOWN | Caton | sville | | | ~ § | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | 1528 Ingl | eside | Ave | | STREET ADDRES | s 1528 : | mm Inglesi | de A' | | | |
| 3. NAME OF | (First) | (N | Aiddle) | | (Lost) | | 4. DATE | (Month) | (Day) | (Year) | |
| (Type or Print) | Joseph | | | S | napp | | OF DEATH | Jan | . 17, | 19 | 56 |
| 5. SEX 6. | COLOR OR 7. S | INGLE, MARRIED |), | | OF BIRTH | 9 | . AGE last birthd | | INDER 1 YEAR | IF UNDER 2 | |
| ale W | hite (| INGLE, MARRIED VIDOWED, DIVO Specily) W1 | OWOD | Feb | .26,186 | 5 | 90 | уп. Мол | ths Days | Hours | Min. |
| 10. USUAL OCCUPATI | ION (Give kind of work | 10b KIND | OF BUSINESS | 5 | II. BIRTHPLAC | (State or loraig | n country) | , | | N OF WHA | ī |
| . 41 31 | of working life, even if | OKI | NDUSTRY | | Va. | | | | COUN | HERTY | |
| 13. FATHER'S NAME | 01 01 | | | | 1 | ER'S MAIDEN N | AME | | | | _ |
| | Unknown | | | | RAI | 10000 | Clauser | | | | |
| IS. WAS DECEASED E | VER IN U. S. ARMED FOR | | SOCIAL SECU | JRITY NO. | | FORMANT & AL | | | | | |
| 1 | Yes, give wer or dates of s | endre) | | 1- | | - | | . 15 | 00 T | .7 2 . | 2 _ |
| no | | Y | one | | ERTIFICATION | .н.н.в. | lackbur | n 15 | | RVAL BETW | |
| 3 4 X | OTTIONS DIRECTLY LEADING | C | nel | n | sent | ne | brose | ٧. | ON | SET AND DE | CIH C |
| ANTECEDI DISEASES OR CONDIT | ENT CAUSE(S) DUE T | 0 | | | | | | | | | |
| GIVING RISE TO THE STATING UNDERLYING | ABOVE CAUSE | ٥ | | | | | | | | | |
| STATING UNDERLYING | CAUSE LAST. | | | | | | | | | | |
| | CONDITIONS CONTRIBUT | ING | | | | | | | | | |
| | ION CAUSING DEATH | | | | | | | | | | |
| 19a. DATE OF OPERATI | ON 196, MAJO | OR FINDINGS O | F OPERATION | | | | | | YES YES | D. AUTOPSY | 1 |
| 210. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI | AUSE OF DEATH OF IN | PLACE (Home, VJURY street, off | farm, lectory ice bldg., etc. | j | 21c. WHERE DID | INJURY OCCUR | (City or town) | | (County) | (Slate) | |
| 21d. TIME OF INJURY | (Month) (Dey) (Year) | (Hour) 21e, II While M. et work | NJURY OCCU | RRED While vork | 211, HOW DID | NJURY OCCUR | 7 | | | | |
| 22. I hereby co | ertify that I attended | d the deces | ed from | 20 | 10 10.5% | 10 | ~. 17, 19, | 56 11 | nat I last say | w the decr | 9259 |
| - // | cu 6 . 195 / | | | | A | 47 | | | | | ,0,0 |
| BIGNATURE | | (,) and 1 | IIIGI MOOIII (| Occuired | or best in the second | ADDR | ESS (Street, city | , town, stai | e) | DATE SIG | NE |
| 16h | (and on | rena | 4 | M. D. | Cary S | La | 1 | line | la | . 17 | ويم |
| 23. BURIAL, CREMATIC | ON, DATE THER | EOF | NAME OF | | R CREMATORY | | LOCATION (City | , lown, or o | Newson | SI | ate) |
| Burial | | -1956 | Good | She | pherd | | Howard | Co. | | Md. | |
| 24. REC'D BY REGISTR | AR REGISTRAR' | S SIGNATURE | / | | 25, FUNERA | L DIRECTOR'S S | IGNATURE | | ADDRESS | | |
| DATE FROM 1 | 1 195% | E. Ha | rris - | | G. How | ard Sti | rong 33 | 07 W | . North | AV | Э. |



s after death. After this the third copy of this

1. PLACE OF DEATH

Baltemore

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOME) C

COL

376 CERTIFICATE OF DEATH

MARYLAND

00368

| Reg. D | Dist. N | lo | 27 | .,,,,,,,,, |
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| rel give locat | ion) | | 7 | |
| ell | | | 15 | · 5 |
| (Month) | | | {Yee | |
| ley IF U | S Inter 1 Vi | 7 | 19 v | 56 |
| Mont | hs De |)))) | Hours | Min. |
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| | 1 | ريا | 1. | |
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| yes. | | | | 11 |
| yer | had | OHA | cert | ! |
| | | INTERV | AL BETW | EEN |
| / | 10 | | 17.19 | |
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| | | | | |
| | _ | | AUTOPS | |
| | 1 | 1r3 [| _ NO | |

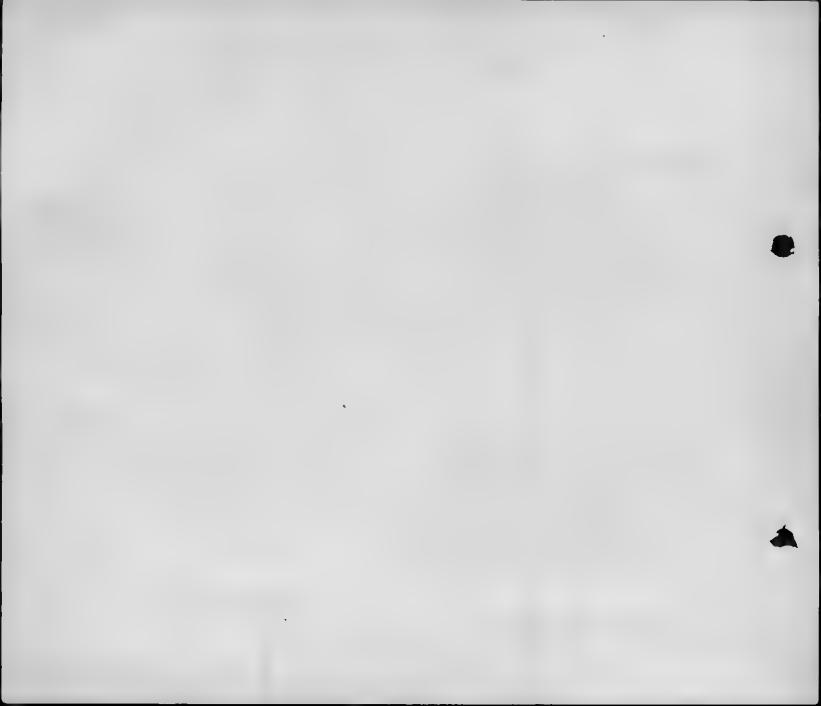
| OR and give near | porete limits, write RURAL | (In this place) | CITY (If outside corp | orate limits, write RURAL a | ind give neetest lown) | |
|---|---------------------------------|--|--|-----------------------------|------------------------|----------------|
| 1 TOWN Cocke | and the same | 10 4x5. | TOWN TO | I lim or | ,) | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | Masonic Vom | ~ | STREET ADDRESS 3 6 | 2/ Belive | Leve (| are: |
| 3. NAME OF | (First) | (Middle) | (Leit) | 4. DATE (Mor | nth) (Dey) | (Yeer) |
| (Type or Print) | Martha | Ellen | Snider | OF DEATH | En. 27 | 19 56 |
| E. le RA | OLOR OR 7. SINGLE, MACE WIDOWED | ARRIED, 8. DATE DIVORCED, DEC. | OF BIRTH | 9. AGE last birthdey yrs. | Months Deys | Hours Min. |
| 10s. USUAL OCCUPATION done during most of retired) | N (Give kind of work 10b. | KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or form | eign country) | 12. CITIZE COUN | N OF WHAT |
| 13. FATHER'S NAME | St. 10 | 1) | 14. MOTHER'S MAIDEN | NAME | | |
| William | e H. Wel | more | Sarak | - I left | | |
| | R IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17, INFORMANT & | ADDRESS | Marion | inter |
| 1 | | | ERTIFICATION | 11/1/11/11 | INTE | RVAL BETWEEN |
| I DISEASES OR CONDITI | ONS DIRECTLY LEADING TO DE | | 1 | 4 | ONS | SET AND DEATH |
| , ' IMMEDIATI | | trioselerate ca | rdio vareular | disease | Cock | 17,1952 |
| DISEASES OR CONDITION | | | | | | |
| GIVING RISE TO THE ALL | BOYE CAUSE | | | | | |
| TO THE SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OF CONDITION | ONDITIONS CONTRIBUTING | | | | | |
| 190. DATE OF OPERATION | N 195. MAJOR FINDIN | NGS OF OPERATION | | | YES | AUTOPSY? |
| 216. ACCIDENT WAS UN OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL | JSE OF DEATH OF INJURY str | Home, Jarm, Jactory, ast, office bldg., etc.) | 21c. WHERE DID INJURY OCCU | IR? (City or town) | (County) | (State) |
| 21d. TIME OF INJURY (/ | Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While NoI while at work at work | 211. HOW DID HIJURY OCCU | JR 7 | | |
| 22. I hereby cert | ify that I attended the d | eceased from Oct 17 | 19.52 , 10 Dan | 37 1956 | that I last say | w the deceased |
| | 417 | , | at 825 P. M. from the | | | |
| alive on Lange | | | | RESS (Streat, city, tow | | DATE SIGNED |
| alive on Janua SIGNATURE | 1 1 | M.D. | Carland | rele m | 1 | 4.77.52 |
| | altur. 16 | NAME OF CEMETERY C | Coetsups Crematory Comple | LOCATION (CAY, 19W | of the | (State) |
| SIGNATURE 23. BURIAL, CREMATION | DATE THEREOF | M.D. NAME OF CEMETERY C | or crematory Comolory 25. FUNERAL DIRECTOR'S | Der De | of the | 1 1 (Steta) |

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| BIND | very if |
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| ED FOR | Supply e |
| MARGIN RESERVED FOR BIND | WRITE PLAINLY, WITH UNFADING INK. Supply every if ge is especially important. Physicians: please write the cause |
| W. | ILY, WITH U |
| • | WRITE PLAIN ge is especially |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. EXAMINER'S CERTIFICATE DEATH No. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate ilmits write RURAL and give nearest town) (in this place) OR and give nearest town) TOWN 304m dans Converl HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) 4. DATE (Year) (Day) DECEASED: (Type or Print) DEATH unce 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTIL: 9. AGE last bigffday: | IF ONORR 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, Months Days (Specify) Mddw 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of 12. CITIZEN OF WHAT (State or foreign country): INDUSTRY: work done during most of work life, COUNTRY if retired): Howel-14. MOTHER'S MAIDEN NAME: 18. FATHER'S NAME: ances 15. WAS DECEASED EVER IN U.S. ARMED FORCES ?! 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, of unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immediate cause (a)..... DHE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 192. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No F 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21f. HOW DID INJURY OCCUR! 21e, INJURY OCCURRED While at Not while INJURY work | at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes . Accident ., Suicide ., Homicide ., Undetermined cause ... CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE - Leade an M. D. 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or gunty) DATE THEREOF REMOVAL (Specify) : Leur. 4300 purial. DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR REG.



PLACE (Home, farm, factory, street,

Not While

At Work |

Olive

office bldg., etc.)

INJURY OCCURED

and that death occurred at

NAME OF

(Degree or title)

SIGNATURE

While at

Work |

(CITY OR TOWN)

Intervai Between Onsets And Death 20. AUTOPSY ? Yes No (COUNTY) (STATE) HOW DID INJURY OCCUR? 30. 19.56, that I last saw the deceased from the causes and on the date stated above.

LOCATION (City fown, or courty)

Randallstown

COUNTY Raltimor

(Year)

Hours

12. CITIZEN OF WHAT

COUNTRY?

19 56

(Day)

Days

U.S.A

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WRITE

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especially

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21. ACCIDENT SUICIDE

INJURY

OF

HOMICIDE

alive on

BURIAL, CREMATION.

DATE REC'D BY LOCAL

REMOVAD (Specify

(Specify)

TIME (Month) (Day) (Year) (Hour)

OF

DATE THEREOF

22. I hereby certify that I attended the deceased from

INJURY

S.V UNARUR REB 7 1552 REB 7 1552 INSTRUCTION

202

CERTIFICATE OF DEATH

| eg. | Dist. | No. 4 | 4 |
|-----|-------|-------|---|
| | | | , |

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| | I. PLACE OF DEATH | 2. USUAL RESIDENCE/(HOME) OF DECEASED |
|------|--|--|
| | Baira. | TO THE REPORT OF DECEASED |
| | COUNTY STATE MARYLAND | STATE MA COUNTY DAGE |
| | CITY (If outside corporete limits, write RURAL) LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give necresi-town) |
| | OR and give nearest town TOWN / WAD FILE (22) (in this place) | TOWN 'TO LALD ALL (22) |
| | HOSPITAL OR | INVIVITOR (JF) |
| | INSTITUTION OR | STREET (If rurel give location) |
| | STREET ADDRESS SIEN HUZST KIL | (=1 EN/41/124T KM |
| | 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) (Year) |
| | DECEASED ALL DOCAT | OF A SA |
| | (Type or Print) MILUKED LITHAKUT | DEATH -49 10 16 |
| | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE QF | |
| | RACE WIDOWED, DIVORCED, (Specify) 1 ARRIED 3 | NE 1999 4-1 Months Deys Hours Min |
| | | 7 9 6 7 7 |
| , | done during most of working life, even if OR INDUSTRY | II. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| -7 | retired) COCK INDUSTRIAL FOOD | ma. 115 x |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| ' | Allengia Indiana | £ ==== + t/ |
| | CMITKLES LUTHARDI | I CLIMABETH ALL |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17, INFORMANT & ADDRESS |
| | (Yes, nghokunk.) (If Yes, give war or dates of service)) 3-19-8127 | Innel C Sn'yDER - CHANG |
| | SS. MEDICAL CERT | Musics of all liters Suite |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| | (1) 1 1 1 | 11 122 - 6 |
| | IMMEDIATE CAUSE (A) | 4 11165 |
| | ANTECEDENT CAUSE(S) DUE TO | |
| | DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | |
| | STATING UNDERLYING CAUSE LAST. DUE TO | |
| | (C) | |
| | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| | DISFASE OR CONDITION CAUSING DEATH. | |
| | 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 2D. AUTOPSY? |
| 30. | | YES NO Y |
| | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, fectory, 21 | c. WHERE DID INJURY OCCUR? (City or fown) (County) |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | (Sign) |
| | Dell Trust Or human de all de | If. HOW DID INJURY OCCUR? |
| | While Mot while | ii. How bib lideki occer; |
| | M. at work at work | |
| | 22. I hereby certify that I attended the deceased from ALY | 1951 to Jaco 1954 that I last saw the decreed |
| | alive on low to the party and that death occurred at. | |
| * | BIGNATURE A | |
| 10/M | (10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ADDRESS (Street, city, town, stete) DATE SIGNED |
| 1.55 | Taril Concerns M.D. | Dalt 7-2 2 1Custy 1-31-52 |
| in . | 23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C | REMATORY LOCATION (City, town, or county) (Siete) |
| A15C | KURTAL- 1-50 LEWOON | VAKK KAITO MICH |
| VS / | 24. REC'D AY REGISTRAR REGISTRAR'S SIGNATURE | 25 FIRST DIRECTORS CONSTRUCT |
| > | The A A Addi | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
| | DATE OUt. 2, 1956 Sawson L. Farker A | della fuele Medler offentelle Kat |
| | | - 11 11 11 11 11 11 11 11 11 11 11 11 11 |

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liar.

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

| | | | 3 |
|------|-------|----|---|
| Reg. | Dist. | No | |

| | | _ | | | |
|---|---|--|----------------------------|------------------------|---|
| 1. PLACE OF DEAT | ru- Baltimore | MARYLAND | 2. USUAL RESIDENCE (F | | COUNTY |
| CITY (If outside | annuanta Balta anita DIID | | CITY (If outside corpora | ta limita unita RIIRAT | and give nongest town) |
| OR give neare | et town) Riderwood | (in this place) | II OB | | saud Bive neerest town, |
| TOWN | urgerwood | E weeks | TOWN Baltim | -0 | |
| HOSPITAL OR INSTITUTION (| OR G | | ADDRESS 2721. D | (If rural, give loc | ation) |
| STREET ADDR | ESS Sorenson Nur | sing 'lome | 3/34 4 | eech Avenue | |
| 3. NAME OF | (First) | (Middle) | (Last) | 4. DATE (Mor | th) (Day) (Year) |
| DECEASED (Type or Print) | Mellie | Kelly Stack | Snyder | OF DEATH AND | vary 29 1956 |
| 5. SEX | 6. COLOR OR RACE | | 8. DATE OF BIRTH | | If under 1 year If under 24 hrs |
| Female | White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Speelfy) | Nov. 28, 1890 | 60 | Months Days Hours Min. |
| | PATION (Give k nd of work) | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State o | | 1 12. CITIZEN OF WHAT |
| done during most of | working life, even if retired) | INDUSTRY | | | COUNTRY? |
| None | | the and ministration and | Paltimore, Md. | | |
| 13. FATHER'S NA | | | 14. MOTHER'S MAIDEN | | |
| | Joseph D | * | Elizabeth Mevi | TTe | |
| 15. WAS DECEASED | EVER IN U.S. ARMED FORCES | 7 16. SOCIAL SECURITY NO. | 17. INFORMANT | | |
| (Yes, no, of unknown | i) (If yes, give war or dates of lacrylce) | of ! | Mrs. Wm. H. Ca | rroll Luthe | rville. Md. |
| -: . ` | | 18. MEDICAL CE | | | |
| 1 1010111111111111111111111111111111111 | | | | | INTERVAL BETWEEN |
| I. DISEASES OR C | CONDITIONS DIRECTLY | | 1 0 4 | | ONSET AND DEATS |
| r | | Culrovoscular | Accident | | 1 month |
| ` Immedia | ite cause (a) | ********* **** **** ****** ****** ***** | | | |
| Anteced | ent cause(s) | Central arters | | | |
| Diseases of | r conditions, If any, (b) | central accept | -secures. | | AND |
| | to the above cause | | | | |
| stating the | underlying cause last | | | | |
| A | (e) | | <u> </u> | | |
| Conditions contri | FICANT CONDITIONS buting to the death but not | | | | |
| related to the disc | ease or condition causing deat | | | | |
| 19a. DATE OF OP | ERATION 19b. MAJOR I | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | | | Yes No D |
| 21. EXTERNAL C | AUSE WAS PLA | CE (Home, farm, factory, street, | (CITY OR 1 | TOWN) (CO | OUNTY) (STATE) |
| PRIMARY DOR C | CONTRIBUTING D OF | office bldg., etc.) | | | |
| |) (Day) (Year) (Hour) | INJURY OCCURRED | HOW DID INJURY OC | CURT | |
| OF | | While at Nnt while | | | |
| INJURY | m. | work at work | 1 | | |
| 22. I certify that | I took charge of the rema | ins described above, held an A | utonsu Inspection | Inquiry thereo | m and from the evidence |
| obtained by s | aid Autopsy, Laspection o | r Inquiry, find that said dece | ased died on the day state | d above, and death | in my opinion resulted |
| from: nature | al causes 🖃, accident 🗀 | , suicide , homicide , | | , | |
| SIGNATURE | | (Degree or title) | ADDRESS | | DATE SIGNED |
| 211 | Rugan | 1 1 | A. O.O. St 13 | thuras les | 1/5/1/57 |
| -7V(., | 1 | /SE | person of the | | |
| 23. BURIAL, CREI | MATION DATE THERE | OF NAME OF CEMETE | | OCATION (City, town, | |
| REMOVAL | 2/1/56 | Loudon Park | | Baltimore, Mo | 4.6 |
| DATE REC'D BY | LOCAL REGISTRAR'S | | 24, FUNERAL DIRECTO | R | ADDRESS |
| REG. | 5 1 1 7/1 | 7.3.67/64 | Lo. W. Meaks | Que Orne 80= 2 | 2 Coolerest &+ |
| | | | VOLUM //ZABICS | - TORE 245 1 | C. C. WILL. |
| | | 0.42. | | | |

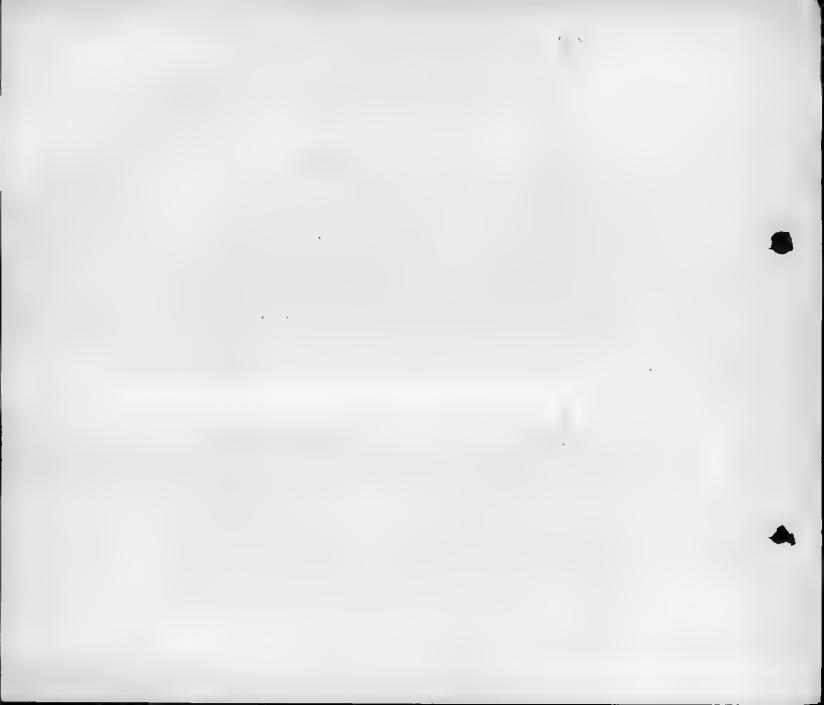
VS. A15A

Thm correct age

Supply every item of information carefully. write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicim: please

MARGIN RESERVED FOR BENDIN



MARYLAND STATE DEPARTMENT OF HEALTH

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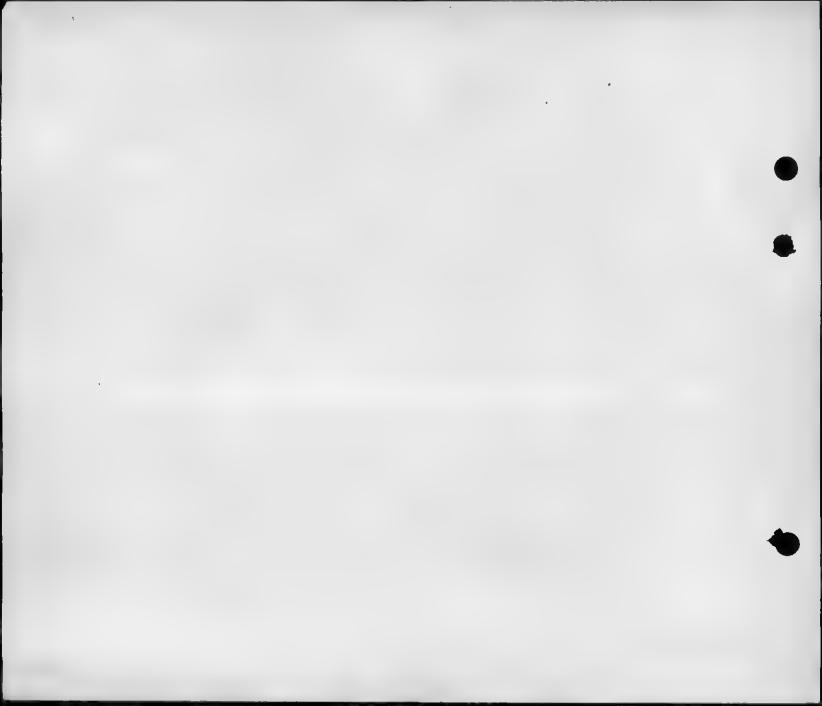
2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

| 4t 7. i. C. 1 1- (6 e | | Reg. Dist. No |
|---|---|--|
| 1. PLACE OF DEATH- | 2. USUAL RESIDENCE (HO | ME) OF DECEASED. |
| Balto, Marylani | Maryland | Barto. |
| CITY (If outside corporate limits, write RURAL and LENGTH OF OR give nearest town) (in this pl | ne) OR | limits, write RURAL and give nearest town) |
| TOWN 12 C 21 d 2 (T | TOWN Baltimore | |
| HOSPITAL OR INSTITUTION OR | STREET ADDRESS 3 GRO A. | (If rural, give location) |
| STREET ADDRESS IOUS Augusta Ave | ADDRESS 1889 At | igusta Ave. |
| 3. NAME OF (First) (Middle) DECEASED | | 4. DATE (Month) (Day) (Year) |
| (Type of Print) Marcyanna | Sobus | DEATH I IO I 300 |
| 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED DIVOR | ED S. DATE OF BIRTH 2. | AGE last birthday If under I year If under 24 hra Months Days Hours Min. |
| 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED DIVOR (Specify) WIDOW | ed Oct.16.1869 8 | 06 Ø /€ ym. |
| | S OB 11. BIRTHPLACE (State or fo | oreign country) 12. CITIZEN OF WHAT |
| done during most of working life, even if retired) HOUSEWIIE INDUSTRY HOME | Poland | GOUNDAY?A |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN N | AME |
| Nathan Poremski | Anna | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY (Yes, no, or unknown) (If yes, give war or dates of | | |
| (service) | | s 1889 Augusta Ave. |
| 18. MEDI | AL CERTIFICATION | INTERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | ONSET AND DEATE |
| + m.1 | 1/1/1/1/1/1/ | 1 11/1/ 1 1/1/ |
| Immediate cause (a) | ic can co.j w | 2 2 1 |
| Antecedent cause(s) | 111-201111010 | 15 / 1/1 |
| Diseases or conditions, if any, (b) (d) The giving rise to the above cause | N. C. B. C. | - je - man lander interpret interpre |
| stating the underlying cause last | 2-2: 1/1.1 | (11) 1 (1) 1 1 1/11. |
| (e) , bul f | ild titlling . c | cet / in cat |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not | | |
| related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT | ION | 20. AUTOPSY? |
| CONTRACT OF TAXABLE PROPERTY. | (0) 00 00 | Yes No 🗆 |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, OF office bldg., etc.) HOMICIDE INJURY | street, (CITY OR TO) | WN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED | HOW DID INJURY OCCU | R7 |
| OF While at Not While INJURY m. Work At work | | |
| | 1 15 8441 | -6. |
| 22. I hereby certify that I attended the deceased from | Y.L., 19.7.1., to 11. | , 190. , that I last saw the deceased |
| alive on Alex 1.7 195 and that death occurre | (130)// | suses and on the date stated above. |
| SIGNATURE: (Degree or title) | ADDRESS | DATE SIGNED |
| 19 12 A H /1/1 / Sec. 31 | 1 33 DUNAA/A | AV. 57111 . W. 1 1 171.61 |
| 23. BURIAL CREMATION PATE THEREOF I NAME OF C | METERY OR CREMATORY LOC | ATION (City, town, or county) (State) |
| REMOVAL (Specify) | - 1 00 00 | |
| Burial 1-19-1956 Sacred DATE RECE BY LOCAL TRIBUTERE'S SIGNATURE | Heart Of Mary Bary Bary | |
| REG REGID BY LOCAL REGISTRAR'S SIGNATURE | 2 PUNERAL DIRECTOR | 11 1001 d. Dunsell a |
| 11111 36: 1110 77 6 | Marie XI die | unituate Parte non. |

Thm correct age Supply every item of information concluly. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WIT™ UNFADING INK. is especially important. Physic™: pl===

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

A15 -- 10 - 53

VS.

| *> 4 | CERTIFICATE OF DEATH Reg. Dist. | No |
|------------------|---|------------------|
| rly and legibly. | COUNTY CITY (If outside corporate limits, write RURAL OR and off nearest town) HOSPITAL OR INSTITUTION OR LENGTH OF STAY (in this place) STATE CITY (If outside corporate limits, write RURAL are or town) STATE CITY (If outside corporate limits, write RURAL are or town) STREET ADDRESS (If rural give location) | 110 |
| th clearly | STREET ADDRESS 78 23 Cark Work 7833 Cark 1 S. NAME OF (Middle) (Last) 4. DATE (Month) (D. DECEASED: OF | YOF (Year) |
| s of death | F. Widowed 1883 10 yrs. | ays Hours Min. |
| the causes | 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS or INDUSTRY: even firetired: Work 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: | U.S.A |
| write | 15. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates (Yes, no, or unk.) of service) (Yes, no, or unk.) (If Yes, give war or dates (Yes, no, or unk.) (If Yes, give war or dates (Yes, no, or unk.) (If Yes, give war or dates) | a . Ku |
| please | 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN |
| Physicians: | IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) | (day |
| | GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| important. | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| especially i | 21a. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? | YES NO State) |
| is espe | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work | |
| correct age | 22. I hereby certify that I attended the deceased from //O 1956, to //?, 1956, that I last alive on 1956, and that death occurred at A M, from the causes and on the date s ADDRESS ADDRESS M. D. SIOO HOMEL AND ALION (City, town, or REMOVAL, (SPECIFY) JAN 30 1956 FOREST HILL CEM. CLINTON | stated above. |
| | DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE | ADDRESS |



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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| Reg. | Dist. No | |
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| DECE | ASED | |
| TY | Baltimore | |
| Al. end gl | Ive nearest town) | |
| | | |
| f give loc | cetion) | |

2. USUAL RESIDENCE (ROME) OF 1. PLACE OF DEATH Baltimore Maryland COUNTY MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RUR and give nearest town (in this piece) TOWN Towson TOWN Towson HOSPITAL OR STREET (H rure INSTITUTION OR ADDRESS 1013 Regester Avenue 1013 Regester Avenue STREET ADDRESS (Middla) (Lost) DATE (Month) (Day) 3. NAME OF (Year) DECEASED Stevens (Type or Print) Mrs. Bertha Frances DEATH January 30th 19 56 SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE WIDOWED, DIVORCED, Oct. 28, 1874 (Spacity) female white widowed 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? at home Champlain, New York USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Barker Elizabeth Baker 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If Yas, give war or dates of service) Mr. Wynne A. Stevens, 1013 Regester Ave. 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH **EMMEDIATE CAUSE** (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 2D. AUTOPSY? YES | NO [(County) 210. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or lown) (Stete) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaer) 210. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work 1954 to Dan 30, 1956, that I last saw the deceased Manual and that death occurred at 200 M, from the causes and on the date stated above alive on.... SIGNATURE Clevel M.D. BURIAL, CREMATION, REMOVAL (SPECIFY) LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY (State)

* be retained The CIAN DIRECTOR certificate assembly may has FUNERAL certificate death

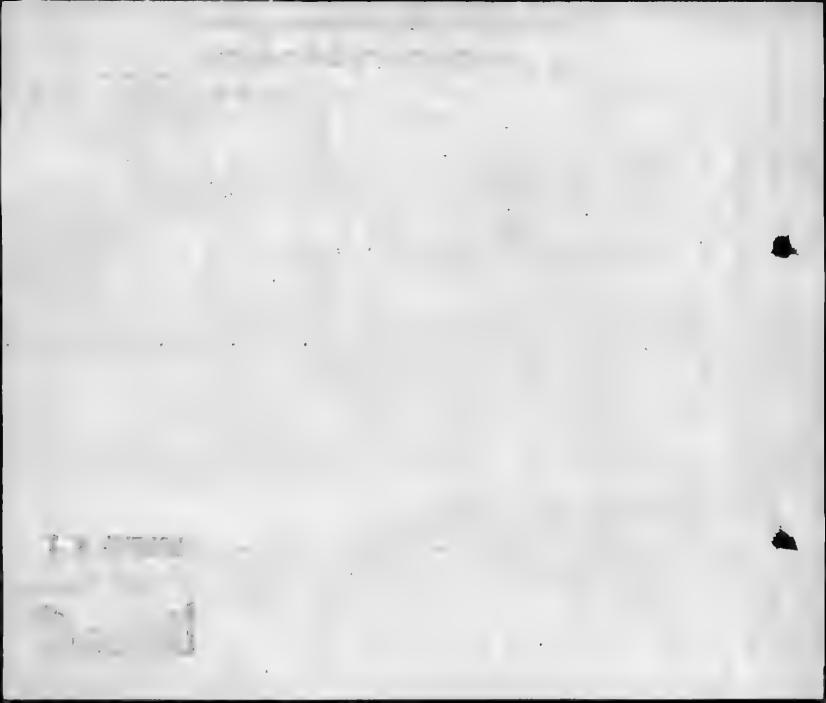
A15C 1-55 10M

DATE

Green Mount Cemetery Cremation 24. REC'D BY REGISTRAR REGISTRAR'S-SIGNATURE

Baltimore, Maryland 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Leonard J. Ruck, 5305 Harford Road #14



NSTRUCTION

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00378

| , 381 Ci | ERTIFICATI | E OF DEATH Reg. Dist. No | 37 |
|--|--|--|----------------|
| 1, PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY Baltimore | MARYLAND | STATE MARYLAND COUNTY | |
| CITY (if outside corporate limits, write RURAL | LENGTH OF STAY | CITY (If outside corporate fimits, write RURAL and give neetest town |) |
| OR and give nearest town) TOWN (OCKEUS VILLE) | (in this pteca) | TOWN BOITIMORE | , , |
| HOSPITAL OR | | STREET (# rural give location) ADDRESS | 7 |
| STREET ADDRESS Masonic Hom | \$ | ILOZ FREDERICK K | CAO . |
| 3. NAME OF (First) DECEASED | (Middle) | (Last) 4. DATE (Month) (Dey) | (Yeer) |
| (Type or Print) IDA | M. Sto | oddard DEATH Jan. 20 | 1956 |
| RACE WIDOW | ED, DIVORCED, | OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR Months Days | Hours Min. |
| FEMALE White Spacify | Married MARCI | 1+1,1892 83 Yrs. | |
| 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if | Ob. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZE COUNTY | N OF WHAT |
| refired) HOUSEWIFE | Al Home | Daltemore md | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| Henry Corrers | 1 400 850.000 | Jalherne Sump | |
| 15. WAS DECIASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] (If Yes, give wer or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & APPRESS | . 16 |
| | 16, MEDICAL CE | KALLELA MASTER MASTER | RVAL BETWEEN |
| E DISEASES OR CONDITIONS DIRECTLY LEADING TO | | | SET AND DEATH |
| MMEDIATE CAUSE (A) | Pultiple Lympho | -careinoma De | 629,1955 |
| ANTECEDENT CAUSE(S) DUE TO | # 4 | | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TATING UNDERSTRING CAUSE DUE TO | | | |
| STATING UNDERLYING CAUSE LAST, DUE TO | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | |
| 198. DATE OF OPERATION 196. MAJOR FIN | IDINGS OF OPERATION | YES | NO NO |
| 210. ACCIDENT WAS UNDERLYING 21b. PLAC OR CONTRIBUTING CAUSE OF DEATH OF INJURY IF EITHER, NOTIFY MEDICAL EXAMINER) | E (Homa, farm, factory, streel, office bldg., atc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) | (Stela) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21a. (NJURY OCCURRED While Not white at work at work | 21/. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the | deceased from Fune | 7 , 19.5.4, to Jan. 20, 19.56, that I last sa | w the deceased |
| and the second s | 1 | at | |
| SIGNATURE / - 1/ | 12- | | DATE SIGNED |
| waltu 1. | M.D. | | |
| 23. BURIAL, CREMATION, DATE THEREOF | NAME OF CEMETERY OF | CREMATORY LOCATION (City, town, or county) | (Steta) |
| BURIAL 1/23/5 | 6 LOUDEN MA | CK CHALLERY PALTIMORE, 1 | ARYLAND |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIBI | NATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 1 /1 |



TO FUNERAL DIRECTOR: The law requires that the death certifical III filed with the register within 7. Hours after death. After this certificate has been executed by the attending physicial and completely filled in by the funeral director, the third colly of this death cartificate assembly should be detached for use as a burial transit permit.

382

CERTIFICATE OF DEATH

| Reg. | Dist. | No | | 7.4 |
|------|-------|----|------|-----|

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|---|---|
| COUNTY Baltimare MARYL | LAND STATE Maryland County Carroll |
| CITY (II outside corporate limits, write RURAL LENGTH O | OF STAY CITY (If outside corporale lupits, write RURAL and give neerest town) |
| OR end give neerest town) TOWN (in this p | place) OR TOWN / Westmuster, McL |
| HOSPITAL OR | STREET (If rural give location) |
| INSTITUTION OR | ADDRESS |
| · STREET ADDRESS Marsnie Home | 31 Colonial UTE |
| 3. NAME OF (First) (Middle) | (Lest) 4. DATE (Month) (Dey) (Yeer) |
| (Type or Print) Leonet | Sullivan DEATH Jan 30 1956 |
| 5. SEX COLOR OR 1 7. SINGLE, MARRIED, | 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IN UNDER 24 HRS. |
| MIDOWED, DIVORCED, (Specify) | Nov. 7, 1867 88 yrs. Months Deys Hours Min. |
| 10e, USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINES | |
| done during most of working flife, even if | 111 To Just Sountry |
| rolired Sorreshold Self | Wednischer ma lus ac |
| 13/ FATHER'S NAME | 14. MOTHER'S MAIDEN, NAME |
| Rese dulleron | anula Trom. |
| 75. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC | CURITY NO. 17. JOHORMANT & APPRESS |
| (Yes, no, or unk.) (If Yes, give wer or detes of service) | - It will imme by hupmells kill |
| ta. ME | IDICAL CERTIFICATION INTERVAL BETWEEN |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| "IMMEDIATE CAUSE (A) arterio sel | Perotic Cardio vaccular disease Mrs. 1941 to |
| ANTECEDENT CAUSE(S) DUE TO | gan 30, 1956 |
| DISEASES OR CONDITIONS, IF ANY, (B) | |
| STATING UNDERLYING CAUSE LAST. DUE TO | |
| (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. | |
| 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES NO |
| 21e. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, ferm, fector | |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc | |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCI | CURRED 1 211. HOW DID INJURY OCCUR? |
| While - No | of white |
| | work 🔲 |
| | Now S, 19.41 to Jan. 30 19.55 a., that I last saw the deceased |
| alive on Jew 3.0, 19 5.6, and that death | occurred at 9.3. M, from the causes and on the date stated above. |
| SIGNATURE | ADDRESS (Street, city, town, stete) DATE SIGNED |
| Walter 1. Jus | M.D. |
| | CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stole) |
| REMOVAL (SPECIFY) 2/2/56 Train | des Cametery Carroll County mary line |
| 24. RECID BY REGISTRAR REGISTRARY'S SIGNATURE | 2S. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS |
| FIT 101 -T | ell 18/1 12 12 200 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| ordier. 1, 1946 Trank Imil | 1 tutten Cook inc 1217 to aut 18 |

FEB

NE SELVEN

Z V ULLIN V. S.

WITH

PLAINLY, s especially i

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00379

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) TOWN months HOSPITAL OR INSTITUTION OR STREET (If rural give location) ADDRESS STREET ADDRESS 00 DATE 3. NAME OF (First) (Middle) (Last) (Month) (Day) (Year) DECEASED OF (Type or Print) DEATH 19 56 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 6. COLOR OR RACE 9. AGE last birthday 5. SEX 8. DATE OF BIRTH If under 1 year |If under 24 hrs. Months Days Hours 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most-of/working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yea, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No B Yes 🗌 21, ACCIDENT PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) (Specify) SUICIDE OF of HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While OF INJURY Work At work 195.6, that I last saw the deceased 19.55, to,... 22. I hereby certify that I attended the deceased from a and that death occurred at 7 30 alive on. m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LUCAL 24-FUNERAL DIRECTOR RECOSTRAR'S

7 'A ()



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL BYAMINED'S OPPUBLICATED OF

| MEDICAL EXAMINER S CER | THICAIR OF DEATH No. |
|--|--|
| I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECRASED: |
| COUNTY Ballo MARYLAND | STATE Med COUNTY Balls |
| CITY (If outside corporate limits, write RURAL CR and give neares town) TOWN CITY (If outside corporate limits, write RURAL (in this place) | City (if outside corporate limits write RURAL and give nearest town) OR TOWN Modley Balls 7 |
| HOSPITAL OR JUSTITUTION OR 1724 Hill an | STREET (If rural, give location) ADDRESS 1724 Hell one |
| S. NAME OF DECEASED: (First) (Type or Print) Ognore A (Middle) | (Last) 4. DATE (Month) (Day) (Year) OF DEATH 19 56 |
| 5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Aug. | 9. AGE last blymday: Funder I YEAR IF UNDER 24 HRS. 17. 1885 |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, even if retired): Christian Scientist Practioner | R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
| - Campen | Mary |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 17. INFORMANT & ADDRESS: |
| no service) no | Mr. Robert S. Taft - 1724 Hill prive, wood- |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | AL CERTIFICATION INTERVAL BETWEEN |
| Contr | ONSET AND DRATH |
| Immediate cause (a) | vascular diser |
| Antecedent cause(s) | 1 |
| Diseases or conditions, if any, (b) giving rise to the above cause DUE TO | ruscura cuscosa. |
| stating underlying cause last | |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | 28. AUTOPSY? |
| | Yes No D |
| PRIMARY Or CONTRIBUTING OF Street, office bidg., etc. | , 21c. (City or town) (County) (State) |
| ZId. TiME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While at Not while INJURY M. work ☐ at work ☐ | 211. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I took charge of the remains describ | bed above, held an Autopsy [], Inspection [], Inquiry [], and |
| | dent [], Suicide [], Homicide [], Undetermined cause []. |
| La Miesta | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. DATE SIGNED |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER | Y OR CREMATORY LOCATION (City, town, or county) (State) |
| Date Rec'd by Local Registrar's Signature | Cem Crematore Baltimore, Md. 124 FUNERAL DIRECTOR ADDRESS |
| 17.23/57 1.60. Fliduch | Silkm. I linkeness & Lous 15 with 12 Wid. |
| | The state of the s |

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDIN



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 388 | CERTIFICATE | OF | DEATI |
|-----|-------------|----|-------|

| | F | - | 386 | CERTIFIC | CATE O | F DEA! | TH Reg. | Dist. No. 37 |
|-----------------------------|---|---|---|---------------------------|-------------------------------------|--------------|----------------------------|----------------------------|
| T . | carefully. | 1. PLACE OF DE | EATH: | | 1 2. | USUAL RESID | ENCE (HOME) OF DEC | EASED; |
| 11 | carefull legibly. | COUNTY R | altimore | MARYLAND | , , | STATE Mary | vland county F | rince George |
| Z | | CITY (If outs | | ite RURAL LENGTH (in this | DF STAY (place) | | corporate limits, write RU | IRAL and give nearest town |
| | y a | HOSPITAL OF | | 47.1.5002 | | STREET | (If rural give lo | estion) |
| | item of information of death clearly and | INICTITUTION | O.P. | ove State Hosp | ital | ADDRESS | | |
| | in h | 3. NAME OF DECEASED: | (First) | (Middle) | (Last) | | 4. DATE (Month) | (Day) (Year) |
| | eat | (Type or Print | | Joseph | Tebbs | | DEATH:Janua | |
| | | Male | | city): Separated | 11-2-18 | | 9. AGE last birthday IF U | |
| ie e | every | NOA. USUAL OCCU work done during even if retired) | UPATION (Give kind of ng most of working life, Steam Plumbe | OR INDUSTRY | INESS 11. I | New 1 | - | USA |
| AI. | - P | 13. FATHER'S NA | | 1.4 | 14, | MOTHER'S M | | 002 |
| Z | upp th | William | m Charles Tebb | 19 | : | Mantini | ie Donelson | |
| 8 | - 1 | | VER IN U.S. ARMED FORCE | | TV ND. 17. | INFORMANT | | |
| OR | | | (If Yes, give war or da of service) | Unknown | I Re | oonde Sn | ring Grove Stat | o Hoomital |
| <u>F</u> | | | | 18. MEDICAL CE | | ecorus op | ring orove - car | INTERVAL SETWEE |
| | UNFADING sicians: ples | I DISEASES OR | CONDITIONS DIREC | TLY LEADING TO DEA | | | | ONSET AND DEAT |
| RV | 9 | Free > | k | Goro | nary thron | nhosis | | |
| <u>20</u> 2 | F/ | | ATE CAUSE | DUE TO | itary ouron | HOOBIO | | |
| E E | ie G | | NT CAUSE (S) | Chron | nic cardia | o foilur | 3 | |
| MARGIN RESERVED FOR BINDING | WITH UNFAI it. Physicians: | GIVING RISE TO | ONDITIONS, IF ANY, THE ABOVE CAUSE RLYING CAUSE LAST. | DUE TO | | | | |
| I.R. | at. | TY OTHER SIGNI | FICANT CONDITIONS | | <u>riosclero</u> i | tic cardio | ovascular disea | se Years |
| M | AINLY, Wimportant. | TO THE DEAT | H BUT NOT RELATED | TO THE | | | | |
| | N. III | 19A. DATE OF OPE | RATION: 198. MA | JOR FINDINGS OF O | PERATION | | | 20. AUTOPSY1 |
| | | N. S. | | | | | | YES NO |
| 4 | VRITE PL | OR CONTRIBUTING | WAS UNDERLYING TO G TO CAUSE OF DEATH MEDICAL EXAMINER) | OF INJURY street, o | farm, factory, ffice bldg., etc. | 21c. WHERE I | OID (City or town) | (County) (State) |
| _ | > | 21D. TIME (Month OF INJURY | (Day) (Year) (Hou | While Not | while | F. HOW DID | INJURY OCCUR? | |
| | | 22. I hereby cer | rtify that I attende | d the deceased from | 7- | 19 53 to 7 | 77 19 56 that | I last saw the decease |
| ත | 86 | 7 | | | * | | he causes and on the | |
| 1 | TYPE rect a | SIGNATURE | 1 ., 10/u, | and that death occ | urred at 20 + | ADDRES | g P | DATE SIGNED |
| - 10 | | 1 | Stella Wa | cluses | M. D. | | ove State Hospi | tal 1-18-56 |
| | | 23. BURIAL, CRI REMOVAL (S | EMATION, DATE TH | EREOF NAME O | F CEMETERY O | REREMATOR | le 28 Manueland | own, or county) (State |
| A | LEA | Buri | al Jan 2 | | igtan (| intery. | arlingtein | 2/5 |
| | PI | DATE REC'D B | Y LOCAL REGISTR | AR'S SIGNATURE | 24 | FUNERAL D | DIRECTOR | ADDRESS |

ENTERN A' E

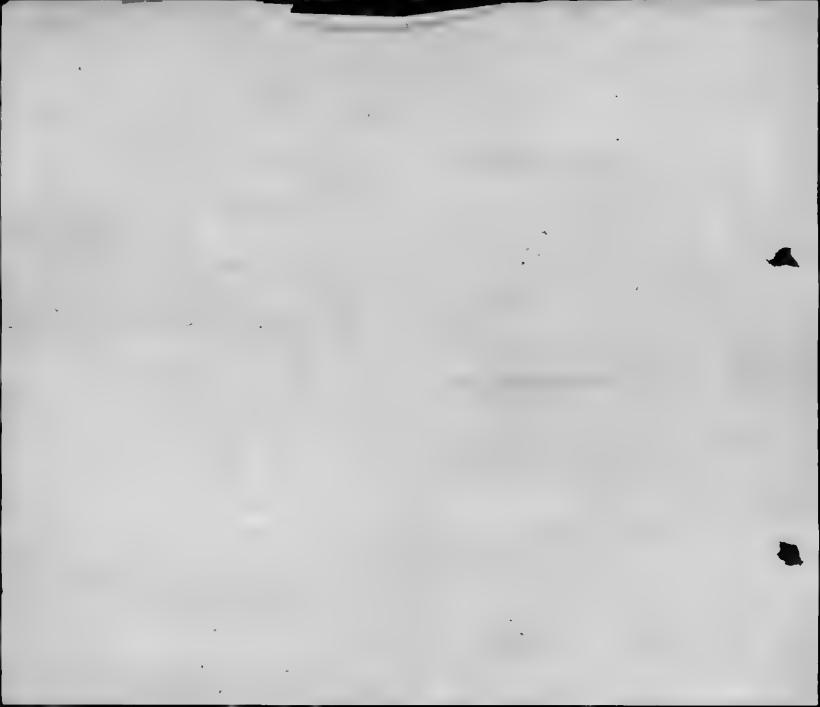
Carline St

| ਹ | MARILAND STATE DEPARTMENT OF | nealth—dallimone, 18 | rag.().(pa |
|------------------------------|--|---|--------------------|
| огте | MEDICAL EXAMINER'S CER | TIFICATE OF DEATH | No |
| 9 | I. PLACE OF DEATH! | 2. USUAL RESIDENCE (HOME) OF DECEASED! | 7 |
| 선수 선수 | COUNTY / FRECENCE OF MARYLAND | STATE ML COUNTY / Date | 6-12-774 |
| ully. legibl | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) | CITY (If outside corporate limits write RURAL and : | give nearest town) |
| in a | TOWN Med Le Broth | TOWN Middle Rives | 7 |
| y and legi | HOSPITAL OR INSTITUTION OR STREET ADDRESS 950 Bengies Crack | STREET ADDRESS 950 Sengeed (C | real |
| E L | 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) (Day) | (Year) |
| matlon clearly | DECEASED: (Type or Print) MARTA | Thomas DEATH /- 2 | 19 6.6 |
| information death clearly | 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATI WIDOWED, DIVORCED, (Specify): MARRIED, 7. SPECIF OF THE PROPERTY OF THE PROPER | E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE | |
| og / | 10a. USUAL OCCUPATION (G.ve kind of work done during most of work iffe, even if retired): | | CITIZEN OF WHAT |
| item ses | 13. FATHER'S NAME: | 14 NOTHER'S MAIDEN NAME; | |
| | Sandy Illinolar to | (Ada Ten Karana | |
| | ib Was Decease Ever In U.S. Armed Forces? 16. Social Security No.: Yes, no, or unk., (If Yes, give war or dates of | 17_INFORMANT & ADDRESS: | 7 |
| P _± | (Yes, no, or unk. (If Yes, give war or dates of service) | () - There al 930/2 | P. |
| Suppl | | James Victoria | marco Land |
| Su | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | L CERTIFICATION | INTERVAL BETWEEN |
| % is | 44 x X Allientensi | 1 1 1 1 1 1 1 1 | ONSET AND DEATH |
| INK. please | Immediate cause (a). VI full mount | . Alder . Boar or | |
| 9 | Antecedent cause(s) | | |
| NIQ. | Diseases or conditions, if any, (b) | | |
| UNFAD] Physici | giving rise to the above cause DUE TO stating underlying cause last | | |
| N F | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| ÞÃ | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION, CAUSING DEATH. | | |
| nt H | 19a. DATE OF OPERATION 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? |
| WI | | | Yes Ne |
| LY, WITH | 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING D CAUSE OF DEATH. 21b. PLACE (Home, farm, factory of street, office bldg., etc INJURY | /, / 21c. (City or town) (County) | (State) |
| ZA | 21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED | 21f. HOW DID INJURY OCCUR? | |
| E PLAI especiall | OF While at Not while INJURY M. work □ at work □ | | |
| Pec | 22. I hereby certify that I took charge of the remains descri | bed above, held an Autopsy [], Inspection [] | Inquiry , and |
| es es | find that death resulted from: Natural causes 📭 Acci | dent [], Suicide [], Homicide [], Undeter | mined cause 🔲 . |
| RIJ is | BIGNATURE | CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | . DATE SIGNED |
| WRITE ge is es | 11/20-200 1/12 | M. D. ASSISTANT MEDICAL EXAM. | 11/16 |
| 国贸 | | RY OR CREMATORY LOCATION (City, town, or cou | inty) / (State) |
| SZ SZ | REMOVAL (Specify): Jan 156 Mr. Cabre | ary Cem. aa County | ma, |
| 岛 | DATE REC'D BY LUCAL REGIST A'S SIGNATURE | J. FUNERAL DIJECTOR COO - C | ADDRESS |
| PI | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | True. Topect 4. Elleret, Dr. | egleley |

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VS. A16A - 5 - 53

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00383

| 211 CERT | IFICATE | OF | DEATI | I | Reg. | Dist. No. | 4. | 4 9 2 7 9 + 2 2 2 2 4 4 |
|---|---|-------------------------------|--|--|---|------------|----------------------|-------------------------|
| 1. PLACE OF DEATH; | | 3. USUA | L RESIDEN | CE (HOME) | OF DECEASE | D; | | |
| COUNTY Baltimore MAR | | COTT A ETT | Md. | COIII | Bal | timore | 9 | |
| COUNTY | YLAND TH OF STAY | STATI | 5 | | NTY | | | |
| OR and give nearest town) (in | this place) | OR | 1 | A A | ts, write RUR | AL and giv | e nearest t | own) |
| HOSPITAL OR | | TOWN | | butus | rural, give lo | cation) | | |
| INSTITUTION OR 4307 Wilkens Ave | | STRE | | Wilker | | | | 1 |
| 3. NAME OF (First) (Middle) | | (Last) | | 4. DATE | (Month) | (Day) | (Year) | |
| DECEASED: (Type or Print) Dr. John Frederic | k Timme | ន | | OF DEATH: | Jan. | 21,1 | 956 | |
| 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, | 8. DATE | OF BIRTH | : | | birthday: IF U | | _ | |
| ale Willite Widowed, Divorce (Specify): Marif | ed June | 29,18 | 77 | 78 | yrs. Mor | ths Days | Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF | BUSINESS OR | R 11. BIF | THPLACE | State or for | eign country); | | ITIZEN OF DUNTRY? | |
| work done during most of working life. even if retired Med. Doctor Self | Y: | Broo | klyn, | N.Y | | Ci | UUNIKI: | |
| 13. FATHER'S NAME: | 1 | 14. MOTI | IER'S MAID | EN NABIE: | | <u>'</u> | | |
| John Timmes | | Barb | ara Ha | fer | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECU | HITY No.: 17. | INFORMA | NT & ADDI | RESS: | | | | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | | rie T | immes, | 4307 | Wilken | s Ave | | |
| Λ | 8. MEDICAL C | ERTIFICA | TION | | | T, | NTERVAL BE | TWFEN |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO D | EATH: | | | 0 | | Ö | NSET AND I | DEATH |
| Immediate cause (a) | phosa | rcom | 0 1 | ntl | | | | |
| DUE TO | | da ed own deh Kuha u bhwu v b | 1 20-02 - 2-1 - 0 2 - 2 - 2 - 2 - 2 - 1 7 - 1 - 2 | , pe 24 9 51 2 47 4 11 2 49 4 4 7 4 11 0 4 | | | / _ | |
| Antecedent cause(s) | lasto- | | | | | 6 | 3 mon | the |
| Discases or conditions, if any, giving rise to the above cause stating underlying cause last | *************************************** | 44a, 244 22 azerd 64 zp4 z 6 | m > 40 p m l h m q m f m h 4 p p m + 40 d h m m | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 94 940 94 94 95 25 44 42 27 27 27 27 27 27 27 27 27 27 27 27 27 | | | 1110000 of 2 on 10 |
| (c) H. OTHER SIGNIFICANT CONDITIONS: | A 1 | | 1 | | 7 | - 1 | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | arte | nove | lerose | a, al | resaling | ed! | | |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF | OPERATION: | | | 11 | 0 | 20 | , AUTOPS | SY? |
| | | | | | | | Yes 🗍 1 | No Z |
| 21. ACCIDENT (Specify) PLACE (Home, farm, OF office bldg., et INJURY | | (CIT | Y OR TOW | N) | (COUNTY) | (ST/ | ATE) | |
| TIME (Month) (Day) (Year) (Hour) INJURY OCC | CURRED ot while | How I | OID INJURY | OCCUR? | | | | |
| | t work [] | | | | | | | |
| 22. I hereby certify that I attended the deceased f | rom July | 19 يُد | 3, to | 121, 19. | 5.6., that I | last saw | the dece | ascd |
| alive on | occurred at | | L.m., fron | the cause | es and on th | e date sta | ated abov | re, |
| SIGNATURE | REE OR TITLE | E) ADDR | ESS T | - | 1 -0 | 2720 | DATE SE | GNED |
| Kerbert J. Verchas, MV. | 5305 | | | e 0 | intriluo - | 1, md | 1/2-1 | 156 |
| Burial Speciff: 1-24-56 l'os | t Holy | Trini | ty | Brook | clyn, IV | . Y | | tate) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | , | 24 FUNI | ERAL DIREC | TOR | 1 4107 | Ji 1 ke | ADDRIA | S |

S'A MUNIT

Ŧij.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00384

CERTIFICATE OF 388 DEATH

Md.

| 1. PLACE OF | DEATH | | | 2. USUAL RESIDEN | ICE (HOME) OF DECEAS | it. No |
|--|--|---|--|---|---|--|
| COUNTY | BALTIMORE | | | STATE MARYLA | | |
| CITY (If outsic | da corporete limits, write RURA | L LENGTH OF | STAY | CITY (if outside corpo | rate limits, write RURAL and give no | serest town) |
| TOWN TOWN | FORT HOWARD | (in this pto | AYS | TOWN BALTIM | ORE | |
| HOSPITAL OR INSTITUTION OF STREET ADDRES | | NISTRATION HOS | TATTE | STREET ADDRESS | (If tural give location |) |
| 3. NAME OF | (First) | (Middle) | | (Last) | 4. DATE (Month) | (Day) (Yea |
| (Type or Print) | MARK | D. | TRACY | | DEATH Januar | |
| 5. SEX | 6. COLOR OR 7. SI | NGLE, MARRIED, | 8. DATE OF | | 9. AGE lest birthday IF UND | ER 1 YEAR IF UNDER |
| Male | White (S | VIDOWED, DIVORCED, Specify) Married | October | 26, 1896 | 59 yrs. Months | Days Hours |
| 10a, USUAL OCCUP | PATION (Give kind of work ost of working life, even if | 106. KIND OF BUSINESS OR INDUSTRY | 11 | . BIRTHPLACE (State or forei | | 12. CITIZEN OF WHA |
| retired) Me | e chanic | Automobile | F | dushford, Min | nesota | U. S. A. |
| 13. FATHER'S NAM | iE . | | | 14. MOTHER'S MAIDEN | NAME | |
| Michael | | | | Ellen Hennes | зеу | |
| | D EVER IN U. S. ARMED FOR (If Yes, give wer or detes of se | | RITY NO. | 17. INFORMANT & | ADDRESS | |
| Yes | WW I | 213-12-89 | | Clin.Rec. J | let Adm. Hosp. Ft | Howard Md |
| I DISEASES OR CO | ONDITIONS DIRECTLY LEADING | G TO DEATH | ICAL CERT | IFICATION | | ONSET AND DE |
| 196 X IMM | EDIATE CAUSE (A) | CHONDROSARC | OMA. IF | FT HIP WITH M | ETASTASTS TO | |
| | | | | | | |
| ANTEC | CEDENT CAUSE(S) XOUE XE | LUNGS AND H | HEART | | | 3 MONTHS |
| ANTEC | | | HEART | | | 3 MONTHS |
| ANTEC | INDITIONS, IF ANY, (8) THE ABOVE CAUSE THE CAUSE LAST, DUE TO | | EARŤ | | | 3 MONTHS |
| ANTEC DISEASES OR CON GIVING RISE TO TO STATING UNDERLYI | NOTIONS, IF ANY, (8) THE ABOVE CAUSE ING CAUSE LAST, DUE TO (C) ANT CONDITIONS CONTRIBUTIONS | 0 | EARŤ | | | 3 MONTHS |
| ANTEC DISEASES OR CON GIVING RISE TO TI STATING UNDERLYI II OTHER SIGNIFICA TO THE DEATH BL DISEASE OR CON | ADITIONS, IF ANY, (B) THE ABOVE CAUSE ING CAUSE LAST. (C) ANT CONDITIONS CONTRIBUT UIT NOT RELATED TO THE NOTION CAUSING DEATH. | O ING | | | | 3 MONTHS |
| ANTEC DISEASES OR CON GIVING RISE TO T STATING UNDERLY II OTHER SIGNIFICA TO THE DEATH BL DISEASE OR CON 19a, DATE OF OPER | ADITIONS, IF ANY, (B) THE ABOVE CAUSE ING CAUSE LAST, DUE T. (C) ANT CONDITIONS CONTRIBUT UT NOT RELATED TO THE ADITION CAUSING DEATH. RATION 19-b. MAJO | O DR FINDINGS OF OPERATION | | | | 20. AUTOPS |
| ANTEC DISEASES OR CON GIVING RISE TO T STATING UNDERLYI II OTHER SIGNIFICA TO THE DEATH BL DISEASE OR CON 19a, DATE OF OPER 11/15/55 Zia, ACCIDENT WA | AS UNDERLYING 1 21b. | OR FINDINGS OF OPERATION ticulation lef | t leg | | | 20. AUTOPS |
| DISEASES OR CON GIVING RISE TO TO STATING UNDERLY IT OTHER SIGNIFICA TO THE DEATH BL DISEASE OR CON 19a. DATE OF OPER 11/15/55 Zia. ACCIDENT WA OR CONTRIBUTING I [IF ETHER, NOTIFY M | ADITIONS, IF ANY, (B) THE ABOVE CAUSE ING CAUSE LAST. UIT CONDITIONS CONTRIBUT UIT NOT RELATED TO THE ADITION CAUSING DEATH. RATION 19b. MAJO DISAT AS UNDERLYING 21b. OF IN MEDICAL EXAMINER) OF IN | OR FINDINGS OF OPERATION ticulation lef PLACE (Home, form, factory, JURY street, office bidg., etc.) | t leg | . WHERE DID INJURY OCCU | | 20. AUTOPS |
| DISEASES OR CON GIVING RISE TO TO STATING UNDERLY IT OTHER SIGNIFICA TO THE DEATH BL DISEASE OR CON 19a. DATE OF OPER 11/15/55 Zia. ACCIDENT WA OR CONTRIBUTING I [IF ETHER, NOTIFY M | AS UNDERLYING CAUSE OF DEATH | OR FINDINGS OF OPERATION ticulation lef PLACE (Home, farm, factory, JURY street, office bidg., etc.) (Hour) 21a. INJURY OCCU | t leg | | R? (City or Iown) (Co | 20. AUTOPS |
| DISEASES OR CON GIVING RISE TO TO STATING UNDERLY II OTHER SIGNIFICATO THE DEATH BE DISEASE OR CON 19a, DATE OF OPER 11/15/5 ZIA. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY M 21d. TIME OF INJUR | ADITIONS, IF ANY, (B) THE ABOVE CAUSE ING CAUSE LAST. UIT CONDITIONS CONTRIBUTION OF TO THE MOTITION CAUSING DEATH. RATION 19b. MAJO DISAM AS UNDERLYING 1 CAUSE OF DEATH MEDICAL EXAMINER) RY (Month) (Day) (Year) | OR FINDINGS OF OPERATION ticulation lef PLACE (Home, farm, factory, JURY street, office bldg., etc.) (Hour) 21a. INJURY OCCUI While M. at work at we | t leg | . WHERE DID INJURY OCCU | R? (City or Iown) (Co | 20. AUTOPS YES INO unity) (State) |
| DISEASES OR CON GIVING RISE TO T STATING UNDERLY II OTHER SIGNIFICA TO THE DEATH BL DISEASE OR CON 19a. DATE OF OPER 11/15/55 21a. ACCIDENT WA OR CONTRIBUTING DE (IF ETHER, NOTIFY ME 21d. TIME OF INJUR 222. I hereby | AS UNDERLYING DESTRUCTION (Month) (Day) (Year) AS UNDERLYING (Month) (Day) (Year) | OR FINDINGS OF OPERATION ticulation lef PLACE (Home, farm, factory, JURY street, office bidg., etc.) (Hour) 21a. INJURY OCCUI While Not M. at work at w d the deceased from | t leg | . WHERE DID INJURY OCCU F. HOW DID INJURY OCCU , 1955, 10J.21 | R? (City or lown) (Co | 20. AUTOPS YES NO unity) (State) |
| ANTEC DISEASES OR CON GIVING RISE TO TI STATING UNDERLY II OTHER SIGNIFICA TO THE DEATH BL DISEASE OR CON 19a. DATE OF OPER 11/15/55 21a. ACCIDENT WA OR CONTRIBUTING (IF ETHER, NOTIFY W 21d. TIME OF INJUR 22. I hereby | AS UNDERLYING DEST (Month) (Day) (Year) Certify thap aftended (COXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | OR FINDINGS OF OPERATION ticulation lef PLACE (Home, farm, factory, JURY street, office bidg., etc.) (Hour) 21a. INJURY OCCUI While Not M. at work at w d the deceased from | t leg | . WHERE DID INJURY OCCU I. HOW DID INJURY OCCU , 1955, toJan 1:35M, from the | R? (City or lown) (Co | 20. AUTOPS YES NO unity) (State) |
| ANTEC DISEASES OR CON GIVING RISE TO TO STATING UNDERLY ET OTHER SIGNIFICA TO THE DEATH BL DISEASE OR CON 19a. DATE OF OPER 11/15/55 Zia. ACCIDENT WA OR CONTRIBUTING I [IF ETHER, NOTIFY WA 21d. TIME OF INJUR 22. I hereby XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | ANT CONDITIONS CONTRIBUTION CAUSE LAST. (C) ANT CONDITIONS CONTRIBUTION CAUSING DEATH. RATION 19b. MAJO BY (Month) (Dey) (Yeer) Certify that affended RECONDERS OF THE ART AND CONTRIBUTION CAUSE OF DEATH ACTION OF INTEREST RESERVED. | OR FINDINGS OF OPERATION ticulation lef PLACE (Home, farm, factory, JURY street, office bidg., etc.) (Hour) 21a. INJURY OCCUI While Not M. at work at w d the deceased from | RRED 21cook Dec. 27 | . WHERE DID INJURY OCCU 1. HOW DID INJURY OCCU , 1955, toJaz 1.35M, from the c | R? (City or lown) (Co R? 10 | 20. AUTOPS YES NO unity) (State) Company by and ted above. DATE SI |
| DISEASES OR CON GIVING RISE TO TO STATING UNDERLY II OTHER SIGNIFICA TO THE DEATH BL DISEASE OR CON 19a. DATE OF OPER 11/15/55 21a. ACCIDENT WA OR CONTRIBUTING IN (IF ETHER, NOTIFY WA 21d. TIME OF INJUR 22. I hereby XXIVEXOXX SIGNATUR DONALG D | ANDITIONS, IF ANY, (B) THE ABOVE CAUSE ING CAUSE LAST. OC ANT CONDITIONS CONTRIBUT UT NOT RELATED TO THE PRATION 19b. MAJE AS UNDERLYING 10 OF IN MEDICAL EXAMINER) RY [Month] (Day) (Yoor) Certify that Affended OCCOCCOCCA (Yoor) | OR FINDINGS OF OPERATION ticulation lef PLACE (Home, farm, factory, JURY street, office bidg., etc.) (Hour) 21a. INJURY OCCUI While Not at work at w | t leg i 21c RRED 21c while 21 Dec. 27 occurred at 1 | WHERE DID INJURY OCCU I. HOW DID INJURY OCCU , 1955, toJat 1:35M, from the cado | R? (City er lown) (Co R? 1017, 1956 | 20. AUTOPS YES NO unity) (State) CONDENSITE SITE TO A TE |
| DISEASES OR CON GIVING RISE TO TO STATING UNDERLY II OTHER SIGNIFICA TO THE DEATH BE DISEASE OR CON 19a, DATE OF OPER 11/15/55 21a, ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY M 21d. TIME OF INJUR 22. I hereby XXIVEXOUX SIGNATUR Donald D 23. BURIAL, CREMY REMOVAL (SPE | AND CAUSE LAST. ANY, (B) ANY ANY ANY ANY ANY ANY ANY AN | OR FINDINGS OF OPERATION ticulation lef PLACE [Home, farm, factory, NJURY street, office bidg., etc.] (Hour) 21a. INJURY OCCUI While Not at work at we the deceased from | RRED 210 Provide Dec. 27 Procedured at 1 | . WHERE DID INJURY OCCU 1. HOW DID INJURY OCCU , 1955, toJaz 1.:35M, from the c ADDI H. FORT HOWAF | R? (City or lown) (Co | 20. AUTOPS YES NO unity) (State) Control of the state of |
| DISEASES OR CON GIVING RISE TO TO STATING UNDERLY IT OTHER SIGNIFICATION THE DEATH BY DISEASE OR CON 198. DATE OF OPER 11/15/55 21s. ACCIDENT WA OR CONTRIBUTING UP ETHER, NOTIFY ME 21d. TIME OF INJUR 22. I hereby **DENTAL OF THE OPERATOR OF CONTRIBUTION OF CONTRIBUTI | ANDITIONS, IF ANY, (B) THE ABOVE CAUSE ING CAUSE LAST. UNC CAUSE LAST. ANT CONDITIONS CONTRIBUTION TO THE LATED TO THE MODITION CAUSING DEATH. RATION 19b. MAJO DISAT AS UNDERLYING 1 27b. CAUSE OF DEATH MEDICAL EXAMINER) RY (Month) (Day) (Year) Certify that aftended COCCOCCA 1000 ATION, ECIFY) DATE THERE ATION, ECIFY) | OR FINDINGS OF OPERATION ticulation lef PLACE [Home, farm, factory, NJURY street, office bidg., etc.] (Hour) 21a. INJURY OCCUI While Not at work at we the deceased from | RRED 210 Provide Dec. 27 Procedured at 1 | WHERE DID INJURY OCCU I. HOW DID INJURY OCCU , 1955, toJat 1:35M, from the cado | R? (City or lown) (Co | 20. AUTOPS YES NO unity) (State) Control of the state of |

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RE, 18 01545 Reg. Dist. No. 30 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 2, FilmGl93 2-23-55 t CERTIFICATE OF DEATH Reg. Dis

389

| , j | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | | | | |
|--|--|---|--|--|--|--|--|
| gib | COUNTY Baltimore MARYLAND | STATE FALTIAND COUNTY | | | | | |
| <u>a</u> | CITY (If outside corporate limits, write RURAL) LENGTH OF STAY | | | | | | |
| death clearly and legibly | OR and give nearest town) (In this place) TOWN Catchsville 3yrs.10dys. | TOWN Balticote/Col Washingt n D. C. | | | | | |
| > | HOSPITAL OR | STREET 220 Call Alterated silve docation) | | | | | |
| arl | STATE HOSP. | ADDRESS MANAGEMENT AND | | | | | |
| cle | Ditting dito, D'A E HODI. | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | | | |
| 壬 | DECEASED. | (Last) 4. DATE (Month) (Day) (Year) | | | | | |
| lea | (Type or Print) Ida Elizabeth 5. SEX: [6, COLOR OR 7, SINGLE, MARRIED. 8. DATE | Tyler DEATH, Jan. 25 19 56 OF BIRTH: 9. AGE last birthday is under the second structure at the second | | | | | |
| of | female White Widowed Divorced Feb. | 28, 1873 82 yrs Months Days Hours Min. | | | | | |
| causes | 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? | | | | | |
| | 13. FATHER'S NAME: | Virginia U.S.A. | | | | | |
| 유 | | | | | | | |
| ite | William Tyler 15. WAR DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. | Frances | | | | | |
| W | (Yes, no, or unk.) If Yes, give war or dates | | | | | | |
| Se | unkhown of service) unknown | Spring Grove Hospital records | | | | | |
| please write the | 18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| 100 | IMMEDIATE CAUSE (A) Bronchopne | eumonia | | | | | |
| an | DUE TO | CONTRACTOR | | | | | |
| sici | diseases or conditions, if any, (B) <u>Chronic cardiovascular disease</u> | | | | | | |
| Physicians: | STATING UNDERLYING CAUSE LAST DUE TO | | | | | | |
| n; | (C) Generalize OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | zed arteriosclerosis | | | | | |
| rta | TO THE DEATH BUT NOT RELATED TO THE | | | | | | |
| important. | DISEASE OR CONDITION CAUSING DEATH | | | | | | |
| im | 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | | | | | |
| ly | * | YES NO _ | | | | | |
| especially | 21a ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner) | ory 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? | | | | | |
| | 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while at work at work | 21F. HOW DID INJURY OCCUR? | | | | | |
| .PT | 22. I hereby certify that I attended the deceased from July | 1052 to Ton 25 1056 (\$1.17) | | | | | |
| භ තිම ත් | · | WE! | | | | | |
| | alive on signature , 19, and that death occurred at / M, from the causes and on the date stated above. ADDRESS DATE SIGNED SERING GROVE STATE HOSE., 25 ADDRESS AND CATON (City, town, or county) (State) REMOVAL (SPECIFY) ADDRESS ADDRESS DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) | | | | | | |
| SIGNATURE OF SIGNA | | | | | | | |
| Ü | REMOVAL (SPECIFY) | ERY OR CREMATORY LOCATION (City, town, or county) (State) | | | | | |
| | | the state of a contest of 8 | | | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REGISTRARY 11/4/2 7 C 2/12 20 Lovers From Store Store Catenary | | | | | | | |

are are the first

After this oy of this

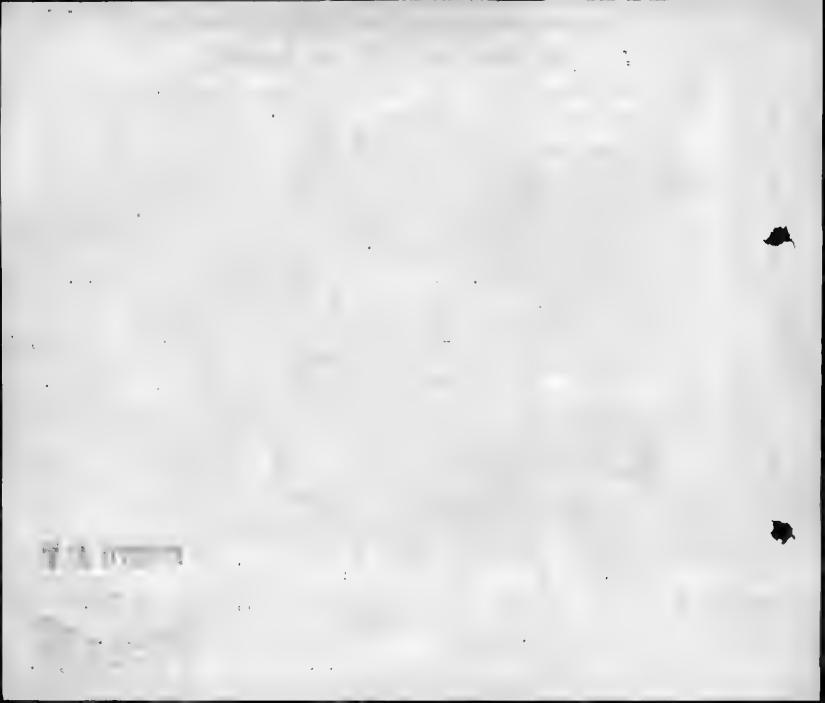
EVNERAL DIRECTOR: The law requires that the death certificate be filed — if the registrar within 72 *** after death certificate has been executed by the attending physician and completely filled in by the funeral director, the think oppy death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

390 CERTIFICATE OF DEATH

Reg. Dist. No. 33

| 1. PLACE OF DEATH | | | | | | | | |
|---|------------------------|---------------------------------------|---------------------------|---------------------|------------|----------|--|--|
| | | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | | | | |
| COUNTY Baltimore | MARYLAND | STATE Md. | COUNTY | Baltimo | ore | | | |
| CITY (If outside corporate limits, write RURAL OR and give pearest fown) | LENGTH OF STAY | CITY (If outside corpor | ste limits, write RURAL a | nd give nearest tow | n) | | | |
| TOWN Owings Mills | (In this place) | OR TOWN Churt | ngs Mills | | | | | |
| HOSPITAL OR | | STREET | | un launtinal | | <u> </u> | | |
| INSTITUTION OR Pleasant Hill | Road | ADDRESS Pleasant Hill | | | | | | |
| | (Middle) | 1 | | | | | | |
| DECEASED | | (Lest) | 4. DATE (Mor | | (Yea | | | |
| (Type or Print) John Conrad | Uhler | | DEATH J | an.18 | 19 | 56 | | |
| 5. SEX 6. COLOR OR 7 SINGLE, MARRII RACE WIDOWED, DIV | ED, 8. DATE O | F BIRTH 9 | AGE lest birthday | IF UNDER 1 YEAR | IF UNDER | 24 HRS. | | |
| Male White (Specify) Mai | | 1,1871 | 85 yrs. | Months Days | Hours | Min. | | |
| | | 11. BIRTHPLACE (State or foreig | | 1 12 CITIS | I OF WHA | ĀT | | |
| done during most of working life, even if OR | INDUSTRY | | | COU | INTRY? | 71 | | |
| refired) Retired Western Md.1 | R.R. | Baltimore | | υ. | s. | | | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | | | | | |
| Charles Uhler | | Sallie | Lorey | | | | | |
| | . SOCIAL SECURITY NO. | 17, INFORMANT & A | DDRESS | | | | | |
| (Yes, no, or unk.) (If Yes, give wer or dates of service) 17(| 05-10-7387 | Elizabet | h H. Uhler | Owings | M111 | s.Mo | | |
| | 18. MEDICAL CER | | | IN | ERVAL BETY | VEEN | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | 01 | ISET AND D | EATH | | |
| IMMEDIATE CAUSE (A) Gar | grene of bo | th feet | | 3 | mos. | | | |
| ANTECEDENT CAUSE(S) DUE TO | | | | | | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) L'ET | ieralized ar | terioscleros | sis | 8 | year | 38 | | |
| STATING UNDERLYING CAUSE LAST. | | | | | | | | |
| (C) | | | | | | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | | | | | |
| | | ophy with ur | inary ret | tensipn | 3 day | 18 | | |
| 196. DATE OF OPERATION 196. MAJOR FINDINGS | OF OPERATION | | | | O. AUTOPS | | | |
| none none | | a. latinger man actions of a country | | 1 | <u></u> | X | | |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OF CONTRIBUTING CAUSTOF PLANT OF INJURY drept of FITHER, NOTIFY MEDICAL EXAMINER) | yliqqabidg., etc.) | To. WHERE DID INJURY OCCUR | / [City or fown] | (County) | (Stete) |) | | |
| | | 216. HOW DID INJURY OCCUR | | | | | | |
| | n name | | i.t | | | | | |
| | | none | | | | | | |
| 22. I hereby certify that I attended the decea | sed from June 3 | 0 1939 to Jar | 1, 18, 1956 | , that I last sa | w the dec | ceased | | |
| alive on Jan. 17, 1956, and | that death occurred at | 2:30A _{M, from the c} | auses and on the | date stated abo | Va | | | |
| SIGNATURE | | ADDR | ESS (Street, city, low | rn, state) | DATE SI | GNED | | |
| D. D. Conster | м.р. 6 | Hanover Rd. | ,Reisters | stown, Md | . 1-1 | | | |
| 23. BURIAL, CREMATION. DATE THEREOF | NAME OF CEMETERY OR | | LOCATION (City, tow | - | | (state) | | |
| REMOVAL (SPECIFY) Burial Jan. 21, 19: | 6 Druid B | Ridge | Pikesvi | lle Md. | | | | |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | - WE 01200 X | 25, FUNERAL DIRECTOR'S | | ADDRES | S | | | |
| 1-20 55 10 311 2 | . Eline | J.F.Eline | & Sons Re | | | d. | | |
| DATE (-ZU) | A Carlotte | | | | | | | |



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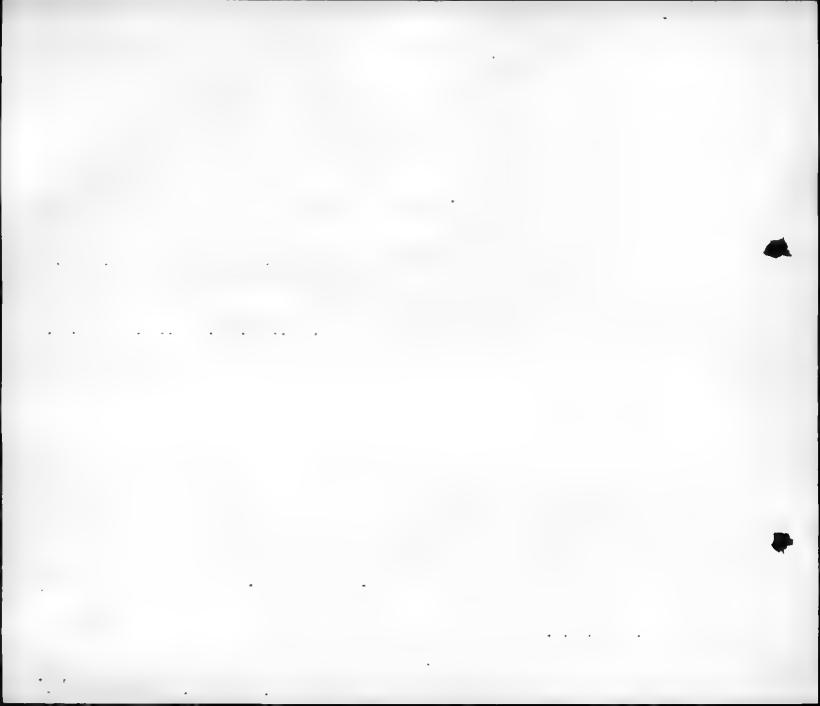
TOWN

3. NAME OF

5. SEX:

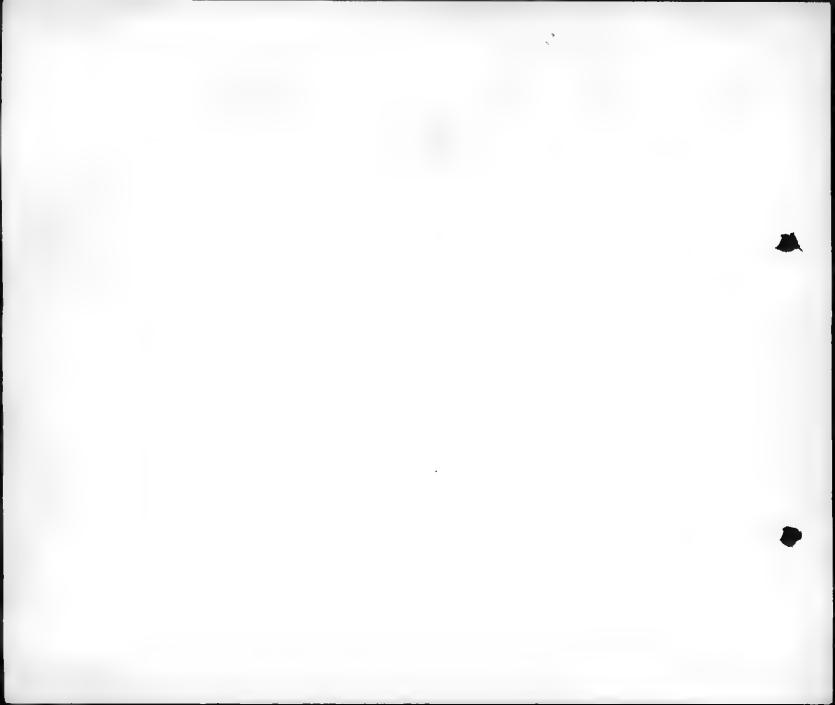
Male

Donald D. Mark NAME OF CEMETERY OF CREMATORY | LOCATION (City, town, or county) 23. BURIAL, CREMATION. DATE THEREOF REMOVAL (SPECIFY) 1/23/56 St. Stanislaus Cemetery Baltimore, Maryland Burial 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE BaltiMore, Md. Michael A. Sadowski, 1808 Eastern Ave.

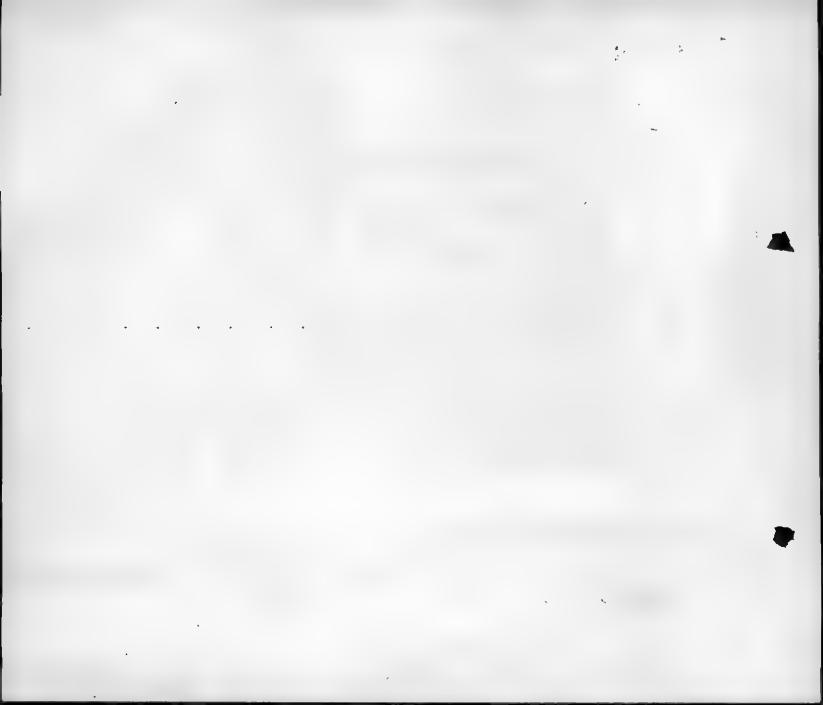


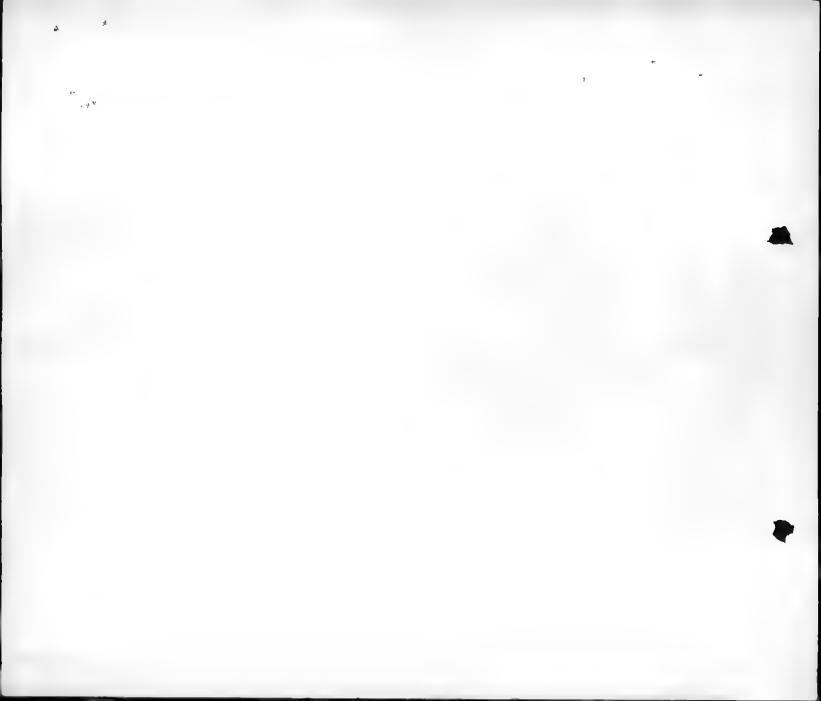
MARGIN RESERVED FOR BINDING

| | CERTIFICAT | TE OF DEATH Reg. Dist. No. | TH Reg. Dist. No. 38 | | | | |
|---|---|--|----------------------------|--|--|--|--|
| | 1. PLACE OF DEATH. COUNTY (Sollemore MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECRASED COUNTY | exemple | | | | |
| | CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Luther wille Sin this plate. | CITY (If outside corporate limits, write RURAL and give neares OR TOWN Ballenge. | t town) | | | | |
| | HOSPITAL OR INSTITUTION OR STREET ADDRESS College Maner | ADDRESS MANAWay apt. 3700 n. Charle | es St. | | | | |
| | 3. NAME OF DECEASED (Type or Print) Anna C. E. Wehr | (Last) 4. DATE (Month) (Day) OF DEATH Jan. 7 | (Year) 1956 | | | | |
| | female while 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowal | S. DATE OF BIRTH Jan 20 1879 9. AGE last birthday If under 1 year Months. Days Jan 20 1879 16 yra. | Hours Min. | | | | |
| 1 | done during most of working life, even if retired) 10b. Kind of Business on Industry Industry | Baltemore Bouto | en of What | | | | |
| | Martin Meyerdirek | My e/ y/2 yy el j y e/ / Anna Felber | | | | | |
| ` | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | Helen W. Bartlett, daughter, Easto | n, Md | | | | |
| | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH / // * Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (a) (b) | ONSET | VAL BETWEEN F AND DEATE | | | | |
| | stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | UTOPSY? | | | | |
| | 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) (S | No ZX | | | | |
| | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? | | | | | |
| | 22. I hereby certify that I attended the deceased from | 1944, to 19 that I last saw the | | | | | |
| | slive on 19.2, and that death occurred at SIGNATURY. A. A. A. (Degree or title) | ist talgon si 1 | 2 SIGNED | | | | |
| | BEMOVAL (Specify) Jan. 9, 1956 Arvid, Ride | | Md_ | | | | |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 99 ST. AMSKILLER ST. | 12. TUNERAL DIRECTOR Y Sous- Call | 12 Mg | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 00383 The CERTIFICATE OF DEATH Reg. Dist. No. legibly. I PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Baltimore Maryland COUNTY COUNTY MARYLAND STATE CITY III outside corporate limits, write RURALI LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) and (in this place) information OR TOWN Fort Howard TOWN days Baltimore early HOSPITAL OR STREET (If tural give location) INSTITUTION OR **ADDRESS** STREET ADDRESSVeterans Administration Hospital 3216 Rosalie Road, 5 3. NAME OF (First) (Middle) (Last) 4 DATE (Month) (Day) (Year) eath DECEASED: OTTO WEIBE (Type or Print) DEATH: January item ð 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER WIDOWED, DIVORCED, RACE: ď Months | Days (Specify): Widowed White 10/27 Male every causes 10A. USUAL OCCUPATION (Give kind of) 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF work done during most of working life. OR INDUSTRY: COUNTRY? even if retired):Lithographer Paner U.S.A. Germany Supply th 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: August Weibe Leuise Bembardt writ IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT & ADDRESS K (Yes, no, or unk.) If Yes, give war or dates Yes of service Spanish American Clin.Rec. Vet. Adm. Hosp. Ft. Howard, Md. e Unknown 8 18. MEDICAL CERTIFICATION MARGIN RESERVED NIC I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ч ONSET AND DEATH IRREVERSABLE SHOCK LO HOURS IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (8) Sicia INTESTINAL OBSTRUCTION 2 WEEKS DISEASES OR CONDITIONS, IF ANY, (B) Phys ITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) ₹ 43 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING GASTROINTESTINAL BLEEDING, ETIOLOGY ortan TO THE DEATH BUT NOT RELATED TO THE UNKNOWN. DISEASE OR CONDITION CAUSING DEATH. impe AIN MAJOR FINDINGS OF 19A. DATE OF OPERATION: 198 OPERATION 20. AUTOPSY1 RIGHT TRANSVERSE COLOSTOMY FOR INTESTINAL OBSTRUCTION NO K PLlly. 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) especia 덛 OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? RIT (IF SITHER, NOTIFY MEDICAL EXAMINER) TIME (Month) (Day) (Year) (Hour) 21s INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 3 While Not while at work L at work , 2J 出 0 22 I hereby certify that attended the deceased from 12/5/55, 19., to 1/1/56, 19 نه 50 闰 cŞ TYP 낽 SIGNATURE / Lad ADDRESS DATE SIGNED FORT HOWARD, MD. CARIDAD E. GONZALEZ M. D. SE 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (C.ty, town, or county) REMOVAL (SPECIFY) Loudon Park Cemetery Baltimore, Md. 回 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** REGISTRAR 4101 Edmondson Ave HARRY H. WITZKE,





MARGIN RESERVED FOR MINDIN

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

| 1. PLACE OF DEATH. COUNTY MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNT |
|---|--|
| CITY (If outside corporate limits, write RURAL and OR give nearest town) X TOWN LENGTH OF STAY | |
| INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) |
| 3. NAME OF DECEASED (First) (Middle) (Type or Print) JAMES LEWIS | 1 / (Last) 4. DATE (Month) (Day) (Year) OF DEATH 19 ^K |
| 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr Months Days Hours Min |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business On done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service) | 17. INFORMANT AND ADDRESS |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOFSY? |
| 21. ACCIDENT (Specify) PLACE (110me, farm, factory, street OF office bldg., etc.) NJURY INJURY | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work | HOW DID INJURY OCCUR? |
| alive on: 19-1, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMENT REMOVAL (Specify) | 19, to |
| DATE REC'D BY LOCAL PRIGISTRAR'S SIGNATURE (REG. 31, 1956 Tom. 2, Warten | 24. KUMERAL DIBLETOR ADDRESS ADDRESS W. Justine H. Suight - Olerhan M. M. J. W.S. |

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LEB I. 1956 DECENVED

| MARYLAND STATE DEP | ARTMENT OF HEALTH- | -BALTIMORE, 18 | -00392 |
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|-----|-------------|----|-------|
| 207 | CERTIFICATE | OF | DEATH |

Reg. Dist. No.

| ly. | \$ | PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
|---------------|--|---|---|--|
| and legibly | | COUNTY Balto. MARYLAND | STATE Md. county Palto. | |
| Je | | CITY (If outside corporate limits, write RURAL LENGTH OF STAY. | | |
| pu | , 4 | Town Catonsville Life | Town Catonsville | |
| | ^ = | HOSPITAL OR | STREET (If rural give location) | |
| irly | | INSTITUTION OR | ADDRESS | |
| death clearly | | STREET ADDRESS 902 Edmondson Ave. | 902 Edmondson Ave. | |
| h | 3, | DECEMBED. | (Last) 4. DATE (Month) (Day) (Year) | |
| at | | (Type or Print) AMCD WILLIAMS | DEATH JAN. 3, 1956 | |
| | 5. | SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED, | OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRS. | |
| of | | Male Col. (Specify)Married July | 15, 1887 68 yrs. Months Days Hours Min. | |
| causes | 10a. | LISUAL OCCUPATION (Give kind of: 108 KIND OF BUSINESS | II BIRTHPLACE (State or foreign country): [12, CITIZEN OF WHAT | |
| ans | | work done during most of working life. OR INDUSTRY: | Catonsville Md. U.S.A. | |
| | 13 | FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| th | | | | |
| write the | | Charles Williams | Agnes Harriday | |
| Wri | | NAS DECLASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY No. s. no, or unk.) (If Yes, give war or dates | 17. INFORMANT & ADDRESS. | |
| ey. | (res, no, or unk.) (if res, give war or dates | | Benjamin Williams 2 Milbert Ave. | |
| please | | 18. MEDICAL CERTIFICAT | INTERVAL BETWEEN | |
| D. | I | DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH | |
| 11 | | m.Tral | menticisney 8mo-25d | |
| Physicians: | IMMEDIATE CAUSE (A) Milal mulficusment ANTECEDENT CAUSE (8) DISFASES OF CONDITIONS, IF ANY. (B) Mulgutsmand: (Milan) Orlanders | | | |
| icis | ANTECEDENT CAUSE (8) | | | |
| S A1 | DI | | | |
| Ph | \$ | VING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST. | | |
| ند | | (C) VV | | |
| important. | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| OL | | | | |
| m | 197 | DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? | |
| | 0 | | YES NO | |
| especially | 214 | ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, fact CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | ory. 21c. WHERE DID (City or town) (County) (State) | |
| ecis | OR (IF | CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., | etc. INJURY OCCUR? | |
| ds | | , TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | |
| | OF | INJURY While at work at work | | |
| . 103 | 0.0 | Therefore and the Texture of the American Held | - 10 27 - 1- 2 10 2 Cu - 1 2 - 1 - 1 | |
| 20 | 22. I hereby certify that I attended the deceased from 7-12-, 1932 to 1-3, 1939 that I last saw the deceased | | | |
| | | | 16.03 M, from the causes and on the date stated above. | |
| correct | | SIGNATURE # ON C | ADDRESS DATE SIGNED | |
| 07. | _ | | RY-OR CREMATORY LOGATION City, town or county) (State) | |
| 0 | _ | REMOVAL (SPECIFY) | env or crematory Location (try, town or county) (State) | |
| | | Jan. 7, 1966 /// Jul | vo cent vivea 1110. | |
| | D | ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS312/ | |



INJURY

DATE REC'D BY LOCAL

21. ACCIDENT

HOMICIDE TIME (Month)

22. I hereby certify that I attended the deceased from 192. . that I last saw the deceased 16.5.4 and that death occurred at 10:45 h.m., from the causes and on the date stated above. SIGNATURE (DEGREE OR TITLE) ADDRESS

NAME OF CEMETERY OR CREMATORY

23. BURIAL, CREMATION DATE THEREOF 1-23-56

Loudon Park REGISTRAR'S SIGNATURE

LOCATION (City, town, or county)

(State)

of information carefully. death clearly and legibly of Supply every item FOR RESERVED INK. UNFADING Physicians: p PLAINLY, WITH specially important. especially WRITE 62 age SE 4 PLE

correct

The

P

COUNTY

3. NAME OF

male

none

5. SEX:

DECEASED:

(Type or Print)

HOSPITAL OR

DEVIEDEM DEVIEW RA 1956

BUREAU V. S.

this

01567

CERTIFICATE OF DEATH 399

| | Reg. | Dist. | No.40 |
|-------|------|-------|-------|
| EL OF | DECE | ASED | |

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASE | D |
|--|---|--|
| COUNTY Baltimore MARYLAND | STATE Maryland COUNTY Balt | imara |
| CITY (outside corporate limits, write RURAL LENGTH OF STAY | CITY (it outside corporate limits, write RURAL and give nee | |
| OR and give nearest town) (Baldwin P.O.) (in this place) | TOWN Sweet Air (Baldwin | P.O.) X |
| HOSPITAL OR INSTITUTION OR | STREET (II rurel give location) ADDRESS | 1 |
| STREET ADDRESS Green Rd. near Paper Mill Rd. | Green Rd. near Paper Mil | The second secon |
| 3. NAME OF DECEASED (First) (Middle) (Type or Print) (2/1/2 [rene Zi | (Lest) 4. DATE (Month) OF DEATH Jan. | (Day) (Year) 24, 1956 |
| S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C | | |
| RACE WIDOWED, DIVORCED, (Specify) Widow Jan, 1 | .2, 1877 79 yrs. Months | Days Hours Min. |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY | | COUNTRY? |
| refired) Housewife Own Home | Maryland | USA |
| 13. FATHER'S NAME | 14, MOTHER'S MAIDEN NAME | |
| Jehn Yeung | Unknewn | |
| IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS | |
| (Yes, no, or unk.) (If Yes, give wer or detes of service) | Chas, Zinkhan, Baldwin, Md | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| | occlusion | 1 mardist |
| IMMEDIATE CAUSE (A) COPOL 217 | | 100000000 |
| ANTECEDENT CAUSE(S) DUE TO | clerosis | 20 yrs |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | Color Visiting | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. |) | 5 7031 |
| 190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | | 2D. AUTOPSY? |
| 216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (Coun | I had had |
| 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work st work | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from | 10% to medical topsaminitian! | last saw the deceased |
| alive on, 19, and that death occurred at | | |
| CICHATURE | ADDRESS (Street, city, town, state) | DATE SIGNED |
| William a. Tryson M.D. | Kingsville, Ind. | VO4. LY 193 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR | | (Stella) |
| Burial Jan. 27,1956 Prespect Hil | 1 Cemetery Towson, Marylan | d |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
| 29-06 Manthemment | John Burns! Sons, Towson, Ma | ryland |

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certified The bottom copy may be retained by the hospital or attending physician.

MEASO STADISTA

BUREAU V. S.

FEB 8 1996

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Commission (See 1971) and the 1971 and